UNIVERSITY OF ALBERTA

# Working for Welfare: Low-income single-mothers' experiences and health

by

Kay Elizabeth Cook

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Master of Science.

Health Promotion Studies

Edmonton, Alberta

Fall 2000

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## ABSTRACT

Alberta recently instituted mandatory Welfare-to-Work activities for all "employable" recipients. Single-mothers, who comprise the majority of recipients, are most affected by this policy as they must combine participation in Welfare-to-Work activities with caring for their family, all without the support of a partner. Through critical ethnography this study explored the day-to-day life experiences of single-mothers participating in Welfare-to-Work activities and examined how these experiences were influenced by broad social and economic policies. The influence of these experiences on health was then considered. Findings revealed that first and foremost, mothers put their children and families first, regardless of the personal economic or health impact. Mothers often relied on social support networks to survive the month. The inadequacy of benefits meant that the mothers had to make choices regarding what was provided and what was foregone. These decisions often had a negative impact on their health.

## ACKNOWLEDGEMENT

First and foremost I would like to thank the nine women who gave their valuable time to share their experiences with me. Your honesty and openness helped me enormously and your acceptance of me earned me nine new friends. In addition, I would particularly like to thank the agency staff who welcomed me and introduced me to potential participants. I am honoured that you thought my research project was worthwhile enough to warrant your help.

Secondly, I would like to thank my committee who continually, honestly, and thoughtfully helped me to refine and clarify me thoughts. You made the research process enjoyable and creative and most importantly, ensured me that there was an end in sight. Your expertise was invaluable and certainly helped me to become more confident and comfortable with my abilities and the research process in general. I would also like to thank Dr. Ron Plotnikoff who gave me valuable advice throughout my studies and initiated me to the concept of the "thesis binder". Also, Dr. Gerry Glassford who first encouraged me to apply to the M.Sc program and instilled in me the belief that all things are possible. From you I have also learned the value of the "thesis book" which served as an invaluable tool when forming my question and collecting my thoughts.

Thirdly, I would like to thank the Welfare-to-Work project committee who welcomed me to participate despite the fact that I was not a formal member of the research team. I learnt a lot from attending your meetings particularly about the "big picture" of Welfare-to-Work.

Finally, I would like to thank my family including my mother and father who gave me the financial and emotional support to undertake and complete my M.Sc. I could not have done this without you. I would also like to thank my brother who was also supportive and always interested in my coursework and thesis activities. I would also like to thank Mark Nimco who put up with the endless stories about my research from the grand scheme of life to the trivial details. Your support gave me encouragement to continue and you also provided me with relief when I needed a break.

To the people listed above and everyone else who helped me along the way, I thank you.

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## LIST OF ABBREVIATIONS

| | |
|---|---|
| ACE | Alberta Community Employment |
| AHRE | Alberta Human Resources and Employment |
| CAP | Canada Assistance Plan |
| CPHA | Canadian Public Health Association |
| ECS | Employment and Client Support Services |
| FPTACPH | Federal, Provincial, Territorial Advisory Committee on Population Health |
| FSS | Family and Social Services |
| MLA | Member of the Legislative Assembly |
| PACE | Personal and Community Enrichment |
| SFI | Supports for Independence |
| US | United States of America |
| WHO | World Health Organization |

# CHAPTER 1

## Introduction

### Rationale for the Study

The demise of the Canada Assistance Plan (CAP) in 1995 created the opportunity for individual provinces to legislate mandatory work requirements for welfare recipients (Scott, 1998). While the provinces were able to institute work requirements for some time prior to 1995, the demise of CAP meant that welfare benefits could now be denied to individuals who did not participate in such work or training measures (Torjman, 1996). These measures have been labeled as Welfare-to-Work activities. In Alberta, welfare recipients deemed employable by the province must participate in the Employment and Training Support component of the Supports for Independence program. Activities recipients are required to participate in may include work experience, education or job training (Gorlick & Brethour, 1998). One aspect of the Welfare-to-Work policy in Alberta that is of particular relevance to single-mothers is that once their youngest child is six months of age they must either commence or resume job related activities.

While there are no Canadian data on Welfare-to-Work experiences, single-mothers involved in Welfare-to-Work activities in the United States have indicated that they are unhappy with the present state of the welfare system (Litt, Gaddis, Needles Fletcher, & Winter, 2000; Seccombe, Battle Walters & James, 1999). They urge reform and, in particular, reform that will respect welfare mothers' rights and needs as citizens. They request services that will treat them with respect and courtesy, be responsive to their needs, and provide better information about resources (Hagen & Davis, 1994).

Although single-mothers receiving welfare in the U.S. are unhappy with aspects of welfare reform, in two qualitative studies single-mothers indicated they liked working as a requirement of welfare (Hagen & Davis, 1994; Seccombe, et al., 1999) and in another study indicated that providing for their families through work in the labour market was their long term objective (Miranne, 1998). Single-mothers also noted, however, that participation in Welfare-to-Work programs had been stigmatizing (Hagen & Davis, 1994; Oliker, 1995; Redfern-Vance, 2000; Riemer, 1997). These women did not wish to be known in the workplace as Welfare-to-Work participants. They indicated they did not feel the Welfare agency was able to place them in positions that utilized their skills and abilities and they expressed that they felt exploited by the system. They also expressed concern over time constraints and worry regarding children (Miranne, 1998; Seccombe, et al., 1999). The duality of these two views, wanting to pursue paid employment and not wanting to work due to stigma, exploitation and child rearing responsibilities, highlights possible incompatibilities between societal norms requiring welfare recipients to work and the personal needs of seeking respect and having control over working and living conditions.

Mothers on welfare interviewed in previous studies insisted that in order for them to participate in the labour market, Welfare-to-Work programs must not concentrate solely on wage earnings (Miranne, 1998) but must also take into consideration their need for adequate childcare and lead them to good jobs that provide a living wage (Seccombe, et al., 1999). Women participating in Welfare-to-Work activities have indicated that in order to move into the workforce to support their families they would need the state to provide benefits for health care, child care, and housing beyond the period of time they

were in receipt of welfare (Hagen & Davis, 1994; Miranne, 1998). Many Canadian provinces, including Alberta, provide health care benefits to the children of low-income earners (Alberta Human Resources and Employment (AHRE), 1999) as well as to welfare recipients and their families. Single-mothers on welfare in the U.S., however, struggled financially to provide childcare, adequate food and shelter for their children. Often, it has been noted, these mothers would go without food in order to provide for their children (Miranne, 1995). It is apparent, therefore, that Welfare-to-Work policies have a definite impact on the health of these women as Welfare-to-Work policies shape the everyday lives of recipients.

While there are substantial U.S. data on the experiences of single-mothers in Welfare-to-Work programs there are no Canadian data. Data from the U.S. are not readily transferable to the Canadian context as the political climate and welfare programs differ significantly. Additionally, while there have been a few U.S. studies that have explored the everyday lives of women in Welfare-to-Work programs, there have been no studies found that have documented the relationship between participation in Welfare-to-Work activities and health. The United States has led the way with research in this area, possibly due to the harsh measures instituted in a number of states including family caps, lifetime welfare limits, and child immunization and school attendance requirements placed on the children of recipients (Rose, 2000). While Canada, and even Alberta, appear more liberal in their welfare delivery, research detailing the effects of Welfare-to-Work activities on recipients would help social policy advocates ensure the health of this already disadvantaged group is not further jeopardized. In Canada there is a necessity to provide single-mothers on Welfare with the opportunity to express their concerns and

experiences with the Welfare system so that their views are at least evident to those making policy decisions. There is a need to explore these connections and to document how macro level political and social structures impact upon the health of single-mothers on welfare. If the experiences and opinions of single-mothers are not documented it is likely that their voices will go unheard in any further reforms of the Welfare system. Health promotion, as described below, can give recipients this voice as it couples "the political and empowerment" (Sieppert, 1998, p.11).

Health Promotion

Health promotion has been defined by the World Health Organization (WHO, 1986) as "the process of enabling individuals and communities to increase control over and to improve their health" (p.iii). While earlier work in this field concentrated on issues of lifestyle and behaviour, the essence of health promotion under the WHO definition has been redefined to recognize the relationships between "individual health-related behaviour and the social, political, physical and economic environment in which that behaviour occurs" (O'Neill & Pederson, 1998, p. 42). Health promotion entails "action that seeks to marry both individual needs and responses in health to societal structures and policy that negates health" (Sieppert, 1998, p. 11). The determinants of health, including income and social status, social support networks, education, personal health practices and coping skills, and healthy child development, are specific areas of attention. With this focus, much of health promotion research incorporates a critical approach to uncover the dominant hegemony of society that instates and perpetuates power differentials that ultimately lead to the differentials we see in health status.

## The role of health promotion in Welfare-to-Work research

For health promotion professionals to begin to make changes to health status through the income and social status of marginalized groups they must recognize the power differentials that are operating and the values of the controlling groups. The push in health promotion, however, has been to make changes at the community level under the adage 'think globally, act locally'. It has been suggested, however, that this be reframed to read 'think locally, act globally' (Labonte, 1999). Health promotion, therefore, is charged with a more complex set of tasks than merely identifying and ameliorating individual health concerns. As health is determined by macro level social and economic policies it is this level to which health promoters must turn. Health promotion, as stated by the World Health Organization (1986), goes beyond individual lifestyles to the "fundamental conditions and resources for health" (p. iii). The Canadian Public Health Association (1996) emphasizes that the health status of Canadians is in part determined by "political, economic and environmental conditions around the world" (p. 8). Welfare-to-Work activities impact health at the micro, individual level whereas control over the related determinants of health, such as income and social status, are at the macro level. These connections must be explicated if advances are to be made in the health of marginalized populations such as single-mothers on welfare.

## Purpose of the Study

The purpose of this study is to critically examine how the socially constructed experiences of participating in the Alberta Welfare-to-Work program influence the health of low-income single-mothers and their families.

Study objectives

The study objectives are as follows:

- To understand the everyday experiences of single-mothers participating in the Employment and Training Support program of Alberta's Supports for Independence fund.
- To explore how the experiences of these single-mothers are influenced by broad social and economic policies and ideologies.
- To explore how the experiences of these single-mothers influence their and their family's health and well-being.

Organization of the Study

An historical account of welfare policies, particularly in Alberta, will first be described in a review of the relevant literature, moving from 16th century welfare policy trends to current welfare policies in Alberta.

The methods and procedures chapter provides a description of the methods used in the study including the research design, sample, data collection, management and analysis procedures along with a description of the research standards, ethical considerations and limitations of the study.

Chapter four provides a discussion of the theoretical framework used in the study. A discourse regarding different welfare systems and ideological underpinnings of welfare state development will be followed by the introduction of an holistic conceptualization of health and the determinants of health that impact upon its attainment. The two conditional matrices used to achieve the interpretive results will be introduced. The critical analysis

matrix was used to examine the experiences of single-mothers involved in Welfare-to-Work activities and the health matrix to provide insight into the relationships between the determinants of health and the dimensions of health affected by Welfare-to-Work participation.

The research findings are organized thematically and fall into the three broad categories: being a mother, being a welfare recipient, and being a single-mother on welfare. Findings from the critical analysis matrix were organized into government controlled and single-mother controlled resources. The health matrix findings were organized by determinant of health with respect to physical, mental and social health. Findings from each of the matrices are interspersed throughout chapters 5, 6 and 7 along with the findings from the thematic analysis. Discussion of the findings also occurs concurrently to the presentation of the findings. The issues addressed in the discussion sections are more philosophical in nature and relate to issues regarding the role of women in society, the economic rationality of women's choices and the individualization of poverty.

In the final chapter the conclusions of the study are presented followed by the limitations of the research, and the implications for both health promotion research and practice. Recommendations are then discussed.

# CHAPTER 2

## Welfare Policy Development

### Historical Welfare Systems

Welfare states have traditionally been characterized as "systems for mitigating the stratification created by social and market forces and, in the process, fostering greater equality among citizens" (Harrington Meyer, 1996, p. 449). Over time these systems have evolved and developed differently among and within counties, governed by differing philosophical underpinnings. Modern welfare policy in Canada can be seen to have its origins in the Poor Laws of 16th century Elizabethan England (Torjman, 1996). These Poor Laws were based on a "belief that defects in the poor themselves prevent them from succeeding in the economic system" (Gideonse & Meyers, 1988, p. 46).

The Elizabethan Poor Laws involved a work-test to differentiate between those who were and were not able to work, or between the deserving and undeserving poor. The work-test was a mandatory requirement for all able-bodied persons, both adult and child, who sought relief (Armitage, 1991; Struthers, 1996). The Elizabethan Poor Laws were built on the premise that "the mere existence of relief will corrupt the moral character of the poor and their incentive to labour" (Struthers, 1996, p. 1). Those who were able-bodied were required to work for their welfare benefits. Tasks were assigned according to sex. Men were to break stones and women were to do washing, scrubbing, cleaning or needlework (Armitage, 1991). As Shragge (1997) notes with regard to the 1832 Poor Law Reform Act, "even if there is no work, there must be the appearance that those receiving benefits are doing something useful" (p. 20).

The harsh policies of 16th Century England may seem antiquated yet their ideology permeated across countries and into the 20th century. In Toronto in the early 1900s relief beneficiaries were required to break up rocks for no purpose other than to demonstrate their willingness to work (Evans, 1995; Noël, 1995). Underlying this harsh policy was the assumption that work was available to all who wanted to work and that, therefore, recipients should not be receiving welfare for "free". In this era poverty was seen as an individual problem rather than as a societal problem (Seccombe, et al., 1999) that could be solved by instituting harsh measures to force people to work.

Following the depression in 1933, Canada began to conceive of public assistance more in terms of a right for all those in need (Shragge, 1997). A publicly funded program replaced benefits in the form of donations controlled by private, charitable organizations. Then, in 1966, a Liberal federal government facing economic growth and a shift in public opinion instated the Canada Assistance Plan (CAP). This program was designed to ensure Canadians in need received assistance regardless of the cause of this need (Shragge, 1997; Struthers, 1996). The federal government provided 50% of the funding to provinces, who were to provide the rest. There were a number of legislated conditions that accompanied CAP which required "provinces to pay financial aid to applicants who qualify on the basis of need" (Torjman, 1996, p. 2). No provincial residency period was required before benefits could be claimed, minimum benefits levels and conditions were legislated and recipients could question funding decisions through a formal appeal mechanism (Scott, 1998).

In the early 1990s the federal government began to explore the idea of attaching work requirements to welfare receipt. The Canadian National Council of Welfare (1994)

pointed out to the federal government that with regard to the U.S. system "a variety of work-for-welfare programs [had] been tried with mixed results. Many of them led to increases in earnings and lower welfare payments. However, the end result was often that "welfare poor" families turned into "working poor" families. Relatively few families seemed to escape from poverty" (p. 1). The Canadian federal government was therefore urged to address the barriers to working in any reform of CAP, yet in 1995 CAP was abolished. With respect to this occurrence Shragge (1997) noted "the obsession with reducing state spending is a central manifestation of these changes, with a particular emphasis on cutting social programs. At the same time, corporate restructuring has generated massive unemployment and increased poverty, and with the cutbacks in social programs, left a variety of social needs unmet" (p. 24). In 1993 the United Nations issued a statement to Canada warning that the abolition of CAP may lead to a situation where standards could be eroded as the social safety net would no longer exist. Despite this, the provinces were left in control of welfare delivery with the freedom to institute new programs, eligibility criterion and benefit structures. All provinces and territories, including Alberta, were thus left to decide their own system of welfare reform. "Of the national conditions set out by CAP, only one continues to apply to provincial receipt of federal monies: the prohibition of a minimum residency period for social assistance receipt. The conditions of benefits adequacy, the requirement that provinces provide assistance to individuals based on need and the provision of an appeal mechanism were abandoned" (Scott, 1998, p. 8-9). With this restructuring comes the prospect for a loss of rights by welfare recipients and an abolition of the minimum standards of welfare (Torjman, 1996).

The Alberta Welfare-to-Work Program

Since it's beginning as a province in 1905, Alberta has had a long and interesting relationship with welfare provision. This relationship has been interconnected with Alberta's history with 'corporation', a philosophy that encourages the "re-adoption of "natural laws" ... based on Christian theological teaching" (Kirwin, 1997, p. 173). Most influential of these Christian teachings was that of the Protestant work ethic. This ethic states that "men must work in this world to be saved in the other [as] earned prosperity is the mark of virtue" (McGilly, 1991, p. 21). This ethic, "so widely cited in social science literature has more to do with policymakers' concerns about work incentives than with any Protestant church's notion of the requirement of salvation" (McGilly, 1991, p. 21-2). This philosophy appears to be the basis of current Alberta welfare policies.

Introduction of Welfare-to-Work activities

The demise of CAP in 1995 transferred the responsibility of providing welfare benefits to the provinces and, as stated earlier, this meant the provinces were free to decide what form their assistance package would take. The transfer of matched federal and provincial payments for social assistance, Medicare and tertiary education were replaced with block payments (Baker, 1997). "Because there is no cost-sharing intended explicitly for welfare and social services, there is no guarantee that federal funds will be spent for these purposes" (Torjman, 1996, p. 2). Provinces are thus free to decide funding levels for welfare as they wish.

Prior to 1995 there was room for the provinces to introduce Welfare-to-Work type measures. However, CAP ensured that Welfare benefits were not to be denied to anyone in need, regardless of their participation in such programs. It is now, however, up to the

provinces to individually determine the benefits packages they will administer and to whom, leading to wide differentials in packages among provinces. Until the last 5 years or so, Welfare-to-Work programs typically sought voluntary participation in work-experience, skills training or educational upgrading programs. In comparison, Workfare programs, generally found in the United States, "require adult welfare recipients to work off their grants in public jobs" (Gideonse & Meyers, 1988, p. 45) and comprise other restrictions such as family caps, lifetime limits on welfare receipt, and child immunization and school attendance requirements (Rose, 2000), emphasizing the mandatory nature of these programs. Failure to participate usually results in reduced or denied benefits. Alberta, as will be described below, has a combination of the components of each of these two types of arrangements. For clarity, the term Welfare-to-Work will be used to describe the Alberta program. Other authors describing the Alberta policy have used either Welfare-to-Work or Workfare (see for example: Gorlick & Brethour, 1998; and Murphy, 1997).

Struthers (1996) has noted that Welfare-to-Work campaigns "have typically developed as a delayed reaction to an explosion in relief caseloads, and their failure to decline proportionately as recovery proceeds within the general economy" (p. 7). In Canada this appears to have been the case. "In the early 1980's recession increased caseloads and, despite strong employment and economic growth, the cross-Canada total did not fall over the 1985-90 period ... With the recession in the early 1990s, caseloads rose sharply, and did not fall in 1993 and 1994 despite modest economic growth and fairly strong employment growth" (Boessenkool, 1997, p. 3). In Alberta the welfare trend mirrored that of Canada until 1993 when the percentage of the Alberta population

receiving welfare fell dramatically while the national average rose, as can be seen in Figure 1.

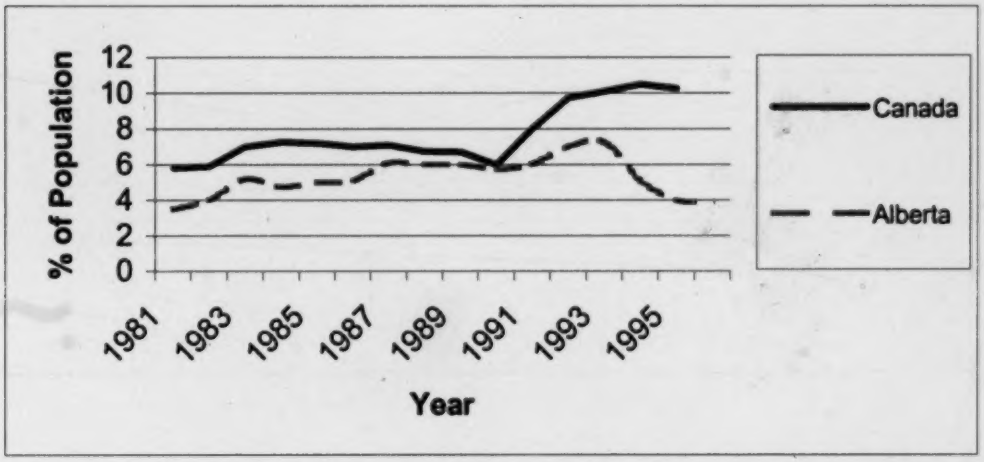


Figure 1. Percentage of the population receiving welfare in Alberta and Canada 1981 - 1996[1].

Reducing welfare expenditure

Prior to the demise of CAP, the federal government cautioned against the implementation of U.S.-style programs that aim to move welfare recipients into the workforce with little regard for the type of job or the adequacy of the income. Alberta at first seemed to echo this concern, yet now seems to have taken the opposite track. Previously, in the 1991 release of its Supports for Independence policy document, Alberta Family and Social Services noted: "Welfare reform in American and Canadian jurisdictions has increasingly focused on independence through employment and training. These experiments indicated that an emphasis on employment services reduces welfare caseloads and costs over the long term. In the United States, in particular, this approach

[1] Adapted from "Back to Work: Learning from the Alberta Welfare Experiment" by K.J. Boessenkool 1997, p. 5

was shown to be far more significant than attempts to reduce welfare dependency by tightening eligibility and restricting and reducing benefits" (p. 13). Initially the Alberta policy focused on job placement and training programs. Then in 1993, in a move somewhat contradictory to their previous statement, the Alberta Government tightened eligibility, restricted and reduced benefits (Boessenkool, 1997; Murphy, 1997); a move they themselves stated earlier as having less successful results.

While the number of people living in poverty in Alberta rose steadily over the period of time from 1983 to 1990, the number of welfare recipients remained relatively stable. In the early-to-mid 1990s the number of welfare recipients dramatically fell while the number of poor people continued to rise as is indicated in Figure 2.

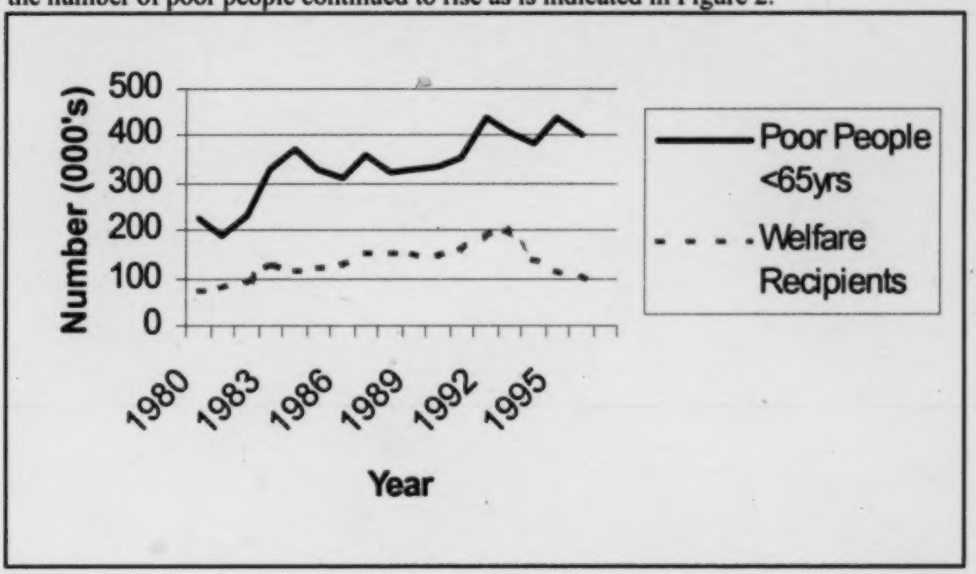


Figure 2. The number of Albertans living in poverty and the number of Albertans receiving welfare assistance[2].

[2] Adapted from "Profiles of Welfare: Myths and Realities" by the National Council of Welfare, 1998, p. 73

It appears that the restrictions put in place by the Alberta Government may coincide with the dramatic downward trend in the number of welfare recipients indicated in Figures 1 and 2. "In 1994 Alberta reduced its social assistance spending resulting in basic payments that are lower than those in Prince Edward Island. This reflects neither the wealth of the provinces nor the differences in the cost of living" (Canada West Foundation, 1996, p. 5). Programs such as these have been said to have "promoted work through coercion: refusing relief, requiring work for relief, paying low benefits, and treating the poor in a demeaning way" (Gideonse & Meyers, 1988, p. 46). Myles (1995) suggested that the purpose of such coercion is not to enhance welfare but rather "to enforce moral and cultural standards of behaviour on the poor" (p. 17).

It appears that in Alberta the role of the government, with regard to welfare provision, has shifted from that of social obligation to individual responsibility. Baker (1998) suggests that the Alberta government is "using the occasion of cost cutting for a more fundamental restructuring of the relations between government, society, and citizens" (p. 720). Barriers to work identified by the Alberta government are indicative of their push towards individualization. Individuals are generally targeted in Welfare-to-Work programs when it is assumed they either lack the skills and work experience to attract jobs, or are apathetic and would rather stay on welfare than getting a real job (Murphy, 1997; Seccombe, et al., 1999).

Supports for Independence

One program employing low benefits and training or work experience programs began in Alberta in 1990 (Gorlick & Brethour, 1998). In its current form, post-CAP restructuring, this program has instituted mandatory activities for potential beneficiaries.

The current program, Supports for Independence (SFI) was formerly offered by the department known as Alberta Family and Social Services. Alberta Human Resources and Employment now operates this program but the department will be referred to as "Social Services" to encompass the policies of both departments and the conception of welfare recipients who refer to the agency by this term. "SFI is designed to provide Albertans who are able to work with the short-term support they need until they become independent of government assistance" (Gorlick & Brethour, 1998, p. 191). This statement clearly separates recipients into two groups, the employable and the unemployable. Those who are employable, or "able to work" must participate in Welfare-to-Work activities. Single-mothers are deemed employable once their youngest child is six-months of age.

Employable recipients are classified into the four streams of SFI in terms of their relationship to the labour market. These four streams are 'Supplements to Earnings'; 'Employment and Training Support'; 'Transitional Support'; and 'Assured Support'. For a detailed description of each of these streams see Appendix A. The types of activities welfare recipients are required to participate in as a condition of welfare receipt include: mandatory life skills training, counseling, schooling, job-readiness training, work experience, and job placement (Gorlick & Brethour, 1998). These activities can range from part-time, short term programs to full-time programs lasting several months or even years in the case of schooling.

It is explicitly stated by the government that the SFI program is a "program of last resort [and] ... is only available if you have no other way of providing for yourself or your family" (AHRE, 1999a). The goals of the SFI policy, which can be found in Appendix B, are explicitly directed at self-sufficiency or the reliance on sources of

income other than the government (Gorlick & Brethour, 1998). Such restrictions on eligibility may, in part, explain the dramatic downward trend in the number of people receiving welfare in Alberta since the early 1990s. The SFI policy document states that a person seeking benefits who has access to other sources of money must exhaust these sources before calling on the government. These sources can include family and friends as well as personal investments, assets and sources of income (Gorlick & Brethour, 1998). It is also made clear that "Supports for Independence is meant to assist employable people for a short time while they find ways to get back into the labour force, or to help those who are unable to work and have no means of support" (AHRE, 1999a). In all situations it is explicitly stated in the policy objectives, again found in Appendix B, that recipients are better off working than not (Gorlick & Brethour, 1998) and that SFI "is not meant to be a long term support for anyone who can work" (AHRE, 1999c).

Further restructures to the Alberta welfare system were piloted in 1998-99 (Gorlick & Brethour, 1998), all of which were consistent with neoliberalism, or economic rationalism that "critique[s] ... the welfare state as [being] uneconomic, unproductive, inefficient, ineffective and overwheening" (Labonte, 1999, p. 130). In Canada, the "language of economic rationalism has focused on 'self-reliance', 'efficiency' and 'greater personal choice'" (Baker, 1997, p. 41). These concepts are also reflected in current Alberta welfare policy documents (see for example: AHRE, 1999a; AHRE, 1999b; AHRE, 1999c; AHRE, 1999d).

In summary, the current trends in welfare policy development appear to rely on the same assumptions that underpinned the historical policies of Elizabethan England. The shift towards individual responsibility and the withdrawal of the state from social

spending programs creates a system where wide differentials can exist between the quality of assistance individuals receive. This threatens the social safety net welfare delivery was supposed to provide and may lead to the further marginalization of this already disadvantaged population. Examining the experiences of welfare recipients, therefore, is an important mechanism through which the impact of Welfare-to-Work legislation on the lives of participants can be understood.

# CHAPTER 3

## Method and Procedures

### Introduction

This research aimed to explore links between single-mothers' Welfare-to-Work experiences in Alberta and the health and well-being of themselves and their families. The nature of this research, therefore, was to understand the experience of taking part in Welfare-to-Work activities from the perspective of participants. In addition, the research sought to explore how the experiences of these women were embedded within a system of social policies and ideologies that influence family health and well-being through the material ability to buy essential items, actions, thoughts and feelings, such as self-perceived control, social support, and health behaviours.

In order to elicit the meanings of participants' everyday life experiences, a qualitative research approach was employed as "often lost in the statistics are the experiences of individuals" (Litt, et al., 2000, p. 83). Qualitative research is used to "study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 1994, p. 2). To explore the everyday life experiences of single-mothers engaged in Welfare-to-Work activities, an ethnographic approach was used. Ethnography is a qualitative research technique used to both elicit the participant's point of view and understand their world (Spradley, 1979). A critical perspective was employed to explore how these experiences were shaped by broad social structures. Critical ethnography expands on

conventional ethnography by adding a political purpose. It "ask[s] questions about fundamental policy, power and dominance issues" (Marshall & Rossman, 1995, p. 3).

The ontological assumptions underlying this study regarding what constitutes reality are the experiences of the participants and the structural and societal power relationships that influence these experiences. According to structuralism "inferred structures offer the best explanations of observable phenomena, and phenomena cannot really be understood until they are understood in terms of the structures that produce them" (Slife & Williams, 1995, p. 49). A critical perspective exposes power relationships that underpin political issues. A critical structuralist approach combines both Marxist and feminist theory (Slife & Williams, 1995) to address the power relationships present within societal structures.

A critical perspective, which relies partly on structural ontology, involves transactional and subjective epistemologies of what can be known. These epistemologies assume that "the investigator and the investigated … are interactively linked, with the values of the investigator … inevitably influencing the inquiry" (Guba & Lincoln, 1994, p. 110). Thus, findings are laden with the values mediated between the investigator and the investigated. The findings that develop from the subjective data and analysis of that data are therefore dependent on the values of the researcher (Marshall & Rossman, 1995). The findings, however, should still "objectively report the perceptions of each participant in the setting" (Morse & Field, 1995, p. 142).

The ontological and epistemological assumptions that underlie the analysis of both critical and traditional ethnography are also congruent with those of symbolic interactionism (Thomas, 1993). The key assumption underlying symbolic interactionism

is that people are mindful, purposeful agents engaging in intentional activity (Schwandt, 1994) which is based upon three further assumptions. The first of these is that people interact with others and objects based on the meanings they assign to these items. Second, that these meanings are derived through communicative interaction with others and third, that these meaning are continually being established and modified through individual interpretation (Schwandt, 1994). These assumptions allow ethnographers to extract participant's experiences and, through the same interpretive process, ascribe meaning to them. Critical structuralism adds the quest to "discover the 'deeper' relationships or pattern(s) underlying an event or series of events. The explanation sought for observed phenomena is in terms of underlying rules, principles, or conventions that produce surface meanings" (Manning & Cullum-Swan, 1994, p. 467).

Social constructivism

The constructivist paradigm described above is "predicated on the assumption that 'the terms by which the world is understood are social artifacts, products of historically situated interchanges among people' (Gergen, 1985, p. 267). Knowledge is one of the many coordinated activities of individuals and as such it is subject to the same processes that characterize any human interaction (e.g., communication, negotiation, conflict, rhetoric)" (Schwandt, 1994, p. 119). Therefore, "knowledge is not something we *acquire* but something we *produce*" (Mautner, 1997, p. 111, original emphasis). Critical research shares many of the same assumptions as social constructivism such as "the dialectical concern with the social construction of experience" (Kincheloe & McLaren, 1994, p. 139). With respect to the current research, the experiences of the interviewees must be regarded as social constructions of their reality based upon negotiated meanings derived

from interaction with others and with structures and policies. The meanings ascribed to the women's experiences reflect both structural and individual influences on their activities.

## Sample

### Sampling framework

A purposeful sample was used to select participants who matched the selection criteria. This strategy has been used successfully in previous welfare research with single-mothers (Seccombe, et al., 1999). A purposeful sample is "crucial to identify the types of informants who are most likely to possess an "insider's knowledge" of the research domain" (Thomas, 1993, p. 37). The types of informants required "emerge from your experience in ethnographic research ... as you go along" (Bernard, 1995, p. 95). This strategy does not employ randomization as to do so would identify potential participants from a diverse range of backgrounds, experiences, and situations. Instead, a small purposefully selected group was chosen as their "typicality and relative homogeneity provides far more confidence that the conclusions adequately represent the average members of the population than does a sample of the same size that incorporates substantial random or accidental variation" (Maxwell, 1996, p. 71).

### Selection criteria

The selection criteria were designed to identify women who: 1) were single-mothers (defined as women who were not living with a partner with one or more children for whom they were the primary caregiver); 2) whose youngest child was between the ages of six months and school age; 3) currently or had previously participated in the

Employment and Training Support component of SFI; 4) were able to verbally articulate their experiences; 5) were able to speak and understand English; and 6) consented to having the interview tape-recorded.

Women were chosen as the focus of the study because they are at a greater risk of poverty (National Council of Welfare, 1999) and receive welfare more often than men (Harrington Meyer, 1996; Little, 1995; Miranne, 1998). "Almost half of female lone parents [are] below the low-income cutoff" (FPTACPH, 1999, p. 38) and are thus more likely to be on welfare. This includes the 93% of families led by single-parent mothers under the age of 25 (National Council of Welfare, 1999). Secondly, single-parents are differentially effected from dual-parent families by the Welfare-to-Work policies as single-parents must combine work or training and caregiving without the support of a partner. To participate in this study the youngest child of female lone-parents must have been between the age of 6 months and school age. This is because parents receiving SFI are required to participate in work related activities as soon as their youngest child is 6 months of age (AHRE, 1999a). To be considered eligible for the proposed study, the single-mothers must also have been participating or have previously participated in the Employment and Training Support component of SFI. This stream, of the four streams of social assistance funding outlined in Appendix A, best reflects Welfare-to-Work type measures as participants are required to participate in school, job training or work experience programs (Gorlick & Brethour, 1998). Participants receiving either Assured Support, Transitional Support or Supplements to Earnings receive assistance without having to participate in mandatory, long-term Welfare-to-Work activities (Gorlick & Brethour, 1998).

Access to participants

Volunteers were primarily sought from an established human-service agency in Edmonton where women fitting the selection criteria frequent. The recruitment agency runs a pre-employment program called Personal and Community Enrichment (PACE). This is a 10-month program for people in the Employment and Training Support component of SFI. The people in this program attend two days a week where they receive personal skill development training and undertake work experience shifts.

To gather a more diverse range of Welfare-to-Work experiences women were also actively selected from other programs offered by the recruitment agency such as the free child care program, Food Bank intake, and community lunch. In addition, a few women were recruited from a single-mother's support group offered by an adjacent agency.

Agency staff approached women attending programs at the agency who they believed fit the selection criteria. The staff described the study to potential participants and introduced interested women to the researcher who was usually available on site. The researcher provided potential participants with detailed verbal information about the study and a copy of the Information Sheet (Appendix C). The researcher then arranged a mutually agreed upon time to conduct the interview. Oliker (1995) notes that "time, taken from the care of children, household work, and involvement with others, is one of the most significant investments Workfare requires of single mothers" (p. 263). For this reason interviews were scheduled at the recruitment agency at a time that was either convenient for the women or at a time the women would normally attend. All interviews took place in a clinic room at the agency, or if this room was unavailable, in an office in an adjacent agency.

Interacting with potential participants prior to and during recruitment allowed a rapport to develop prior to the interviews. During these initial encounters the researcher engaged in conversation with potential participants hoping to "communicate acceptance and engender trust" (Spradley, 1979, p. 80). These informal meeting times also allowed potential participants to explore the researcher and to determine whether they felt comfortable participating.

As a token of appreciation towards the agency for granting access the services of the researcher were offered to assist with the recruitment agency's evaluation of the PACE program, required by Alberta Human Resources and Employment. As a token of appreciation to the participants their names were entered into a prize draw with prizes awarded to each interviewee. Prizes were Safeway vouchers and bus passes. The average value of the prizes was $30 each. Awarding prizes was designed to reduce the chance that participants would feel stigmatized by participating solely to receive money.

Sample size

Previous studies focusing on the everyday experiences of women participating in Welfare-to-Work initiatives interviewed 7-30 program participants (see for example: Hagen & Davis, 1994; Litt, et al., 2000; Miranne, 1998; Oliker, 1995; Seccombe, et al., 1999). The actual number of nine participants in the current study was derived from data saturation. Saturation occurs when "interviewees begin to repeat each other" (Alasuutari, 1995, p. 59) and no new information is being recorded (Strauss & Corbin, 1998). Five of the nine participants were referred to the researcher directly from the recruitment agency. A further three were referred from the adjacent agency by staff who had heard of the study through word of mouth. The ninth participant did not frequent either of the

agencies but was introduced to the researcher and the study by one of the previous participants. This technique, known as snowball sampling (Bernard, 1995; Henry, 1990) is effective when you are "dealing with a relatively small population who are likely to be in contact with one another" (Bernard, 1995, p. 97). Bernard (2000) notes that snowball sampling has been effective "in studies of difficult-to-find populations" (p. 179) including single-mothers. The aforementioned mix of participants was deemed adequate to reflect the experiences of single-mothers with varying degrees of agency support as some women relied heavily on the agency whereas others only dropped in occasionally, if at all.

Participants

The age of participants ranged from early twenties to mid thirties. Number of children amongst participants ranged from one to three and the age of these children ranged from seven months to teenage. Each participant had at least one child below school age. The most number of children any mother had below school age was two.

The length of time participants had spent on welfare varied also. Four of the participants had spent less than two years on welfare whereas others had spent more than seven years. Those with longer histories, as well as some of those with shorter histories of welfare receipt, had periods of category change which impacted on their welfare benefits and requirement to participate in Welfare-to-Work activities. Such category changes include receipt of Assured Support for physical or mental health problems, periods of schooling or work, changes in living arrangement such as marriage or common-law status, or the birth of a child. Only three of the women mentioned paternal custody arrangements or involvement with the child's father. All women rented their accommodation and over half lived in public housing. All but one woman lived within a

few block radius of the mall that housed the recruitment agency. None of the women owned cars but several had occasional access to rides from family and friends.

Four of the women were Aboriginal, the other five being Caucasian. All but two women had family in the city but the closeness of these relationships varied. Many of the women received goods and services such as babysitting from their family. Those who had closer relationships with family members were substantially better supported than those who had no close ties.

## Data Collection

Data were collected through in-depth interviews. These interviews followed "the general interview guide approach" (Patton, 1990, p. 280) where a list of topics were identified by the researcher to be addressed but there was no predefined order or script to be followed. The primary focus when using this method is "conveying an attitude of acceptance - that the participant's information is valuable and useful" (Marshall & Rossman, 1995, p. 80). As critical ethnography shares the "core rules of ethnographic methods and analysis" (Thomas, 1993, p. 3), the ethnographic approach to in-depth interviewing, outlined below, was used.

### Ethnographic interviews

Spradley (1979) has identified three different types of ethnographic questions. These are descriptive, structural and contrast questions. Each of these questions elicits different types of information, all essential for ethnographic analysis. Descriptive questions enable the researcher to collect a sample of the participant's language. Structural questions discover the basic units, or domains of knowledge held by the

participant, and contrast questions allow "the ethnographer to discover the dimensions of meaning which informants employ to distinguish the objects and events in their world" (Spradley, 1979, p. 60).

As stated previously, the purpose of this research was to explore the experiences of single-mothers who participated in the Alberta Welfare-to-Work program and identify how these experiences relate to their health and well-being. To address this purpose structural ethnographic data were collected on the different domains that the participant occupied, such as student, mother, worker, volunteer and neighbour. Descriptive data were then collected regarding the day-to-day life experiences of participants in each of these roles. Contrast data were also collected regarding variations in experience between different roles and to further probe any contradictions in participant's statements. Thomas (1993) notes that "the gap between onstage rhetoric and backstage action becomes a way of teasing out the contradictions" (p. 38) embedded within participant's everyday lives. Contrasting questions probing such contradictions are grounded in the symbolic interactionist fields of dramaturgy and labeling theory in which it is stated that people manage their appearances in various roles and assume the roles assigned to them by society (Douglas, Adler, Fontana, Freeman & Kortoba, 1980). Douglas and colleagues (1980) also note that those who construct the roles assume power over those who assume the roles as they are in a position to manipulate the meanings and actions associated with these roles to their own advantage.

Thomas (1993) points out that having a steadfast set of questions that must be answered will not yield the most valuable ethnographic data. Instead, he notes, the researcher must be prepared to "identify and pursue follow-up questions" (p. 40) as the

interview proceeds. The participant, however, must not be permitted to drive the interview in whatever direction they wish. The researcher must maintain "control of the talking, directing it in those channels that lead to discovering the cultural knowledge of the informant" (Spradley, 1979, p. 59). The channels pursued were either descriptive, structural or contrasting in nature and related to identified topics found in the interview guide (Appendix E).

The interviews took approximately 45 minutes each. This figure approximates the average interview length described by Seccombe and colleagues (1999) in their recent phenomenological study with single-mothers on welfare.

Values of the researcher

As mentioned previously, in transactional and subjective research the values of the researcher are inextricably linked to those of the participants. Meanings and understanding is negotiated between the researcher's own and the participant's values. Although the researcher was middle-class and well educated, she did not outwardly appear different to those she was interviewing. The similarity of ages between the researcher and the participants and the similarity in dress allowed the researcher and the participants to share, to a certain extent, the common experience of being a young, single woman living in an urban setting. Additionally, the researcher did not have access to a car and traveled to and from the agency on public transportation. This enabled the researcher to more fully understand the facets of public transportation faced by the women. The researcher and the participants did differ with respect to education as it was made evident to the participants that the researcher was a Masters student at the University. This may have led participants to speak more favourably about returning to school and advancing

their social position. The researcher did not have children and did not have any experience with caring for children. From the participant's point of view, the fact that the researcher did not have children may not have been unusual as she was around the same age as the participants when they had had their first child. From the perspective of the researcher, not having much experience with caring for children herself made her more open to the childrearing activities of the participants as she was relatively naive.

In analyzing the data, the researcher's middle-class values may have influenced the thematic construction. Themes were devised including constructs such as work, school, daycare, transportation, and income (where the money comes from). These are all concepts with which the researcher is familiar with from a middle-class perspective. Data that did not fit with a middle-class perspective were highlighted including the way in which participants sought employment, balancing childcare with employment and the reliance on reciprocal favours.

Spending time at the recruitment agency prior to participant recruitment allowed the researcher to become aware of the reality of being a single-mother on welfare. This helped sensitize the researcher to the issues faced by the single-mothers prior to data collection.

Recording procedures

As the analysis of language is essential to ethnographic analysis (Spradley, 1979), it was essential that tape recording and transcription occurred. Consent was, therefore, obtained to tape record all interviews for later transcription following the transcription format outlined by Flick (1998) and Silverman (1993) found in Appendix F. As Rubin & Rubin (1995) note "some interviewees appreciate being recorded because they see the

tape as a symbol of your ability to get their message out accurately" (p. 126). In no case was consent to tape record denied. In two cases interviews were redone due to faulty recording equipment. It was not felt that information given in the second interview was substantially different from that given in the first.

Data Management

In qualitative studies an abundance of data are generated which must be organized and sorted in a systematic way. Huberman & Miles (1994) note that a systematic approach be taken to data storage and retrieval issues prior to the collection of any data. Each interview was given a randomly assigned number and transcripts had line numbers inserted. Two electronic and one hard copy was made of each transcript and the original tapes were erased after transcription. A summarized version of each transcript was entered into a spreadsheet for ease of sorting. Category codes were then entered next to each line of data for later sorting and arrangement into themes and sub-themes. The spreadsheet also included a cross-referencing system that allowed the original excerpt and location to be identified.

Data Analysis

Data analysis was broken into two parts. First thematic analysis was conducted followed by interpretive analysis. From the analysis it was anticipated that the structures that impact upon the everyday life experiences of single-mothers on Welfare in Alberta would be exposed. As such, ethnographic data analysis "refers to the systematic examination of something to determine its parts, the relationships among parts, and their

relationship to the whole" (Spradley, 1979, p. 92). The interpretive analysis then explicated the implications the welfare system had on the experiences of single-mothers and how these experiences impacted on the health of these women and their families. Thomas (1993) suggests that when undertaking critical ethnographic analysis "the researcher decodes the ways that the symbols of culture create asymmetrical power relations, constraining ideology, beliefs, norms, and other forces that unequally distribute social rewards, keep some people disadvantaged to the advantage of others, and block fuller participation in or understanding of our social environs" (p. 43).

Data analysis must be recognized as an ongoing process, not as an "inclusive phase that can be marked out as occurring at some singular time during the inquiry (for instance, following data collection and preceding report writing). Data analysis must begin with the very first data collection, in order to facilitate the emergent design, grounding of theory, and emergent structure of later data collection phases" (Denzin & Lincoln, 1985, p. 241-242).

Thematic analysis

The first step in analyzing the transcripts was to undertake thematic analysis. Thematic analysis "involves the search for and identification of common threads that extend throughout the entire interview or set of interviews" (Morse & Field, 1995, p. 139). The type of thematic analysis that was employed was latent content analysis where "passages or paragraphs are reviewed in context of the entire interview to identify and code the thrust or intent of the section and the significant meanings within the passages" (Morse & Field, 1995, p. 136). This process involved going through each interview on a line-by-line basis and recording such intentions or meanings in the margin. These

passages were later entered into a spreadsheet and sorted into thematic groups. Constant comparative analysis (Strauss & Corbin, 1994) was concurrently employed to gauge the extent to which findings from the most recent interview were similar or different to those previous.

Interpretive analysis

In order to allow comparisons to be made between items or concepts, two matrices were established to reduce the data to a manageable volume. These will be introduced in chapter 4. "Data reduction refers to the process of selecting, focusing, simplifying, abstracting, and transforming the data that appear in written-up field notes or transcriptions" (Miles & Huberman, 1994, p. 10). Marshall and Rossman (1995) advise, however, that this process must be carried out in a rigorous fashion to ensure the quality of the subsequent data.

## Research Standards

The research standards that are applied to constructivist research are, and must be, different to those applied to positivist research. The requirements of internal validity, external validity, reliability and objectivity cannot be transposed onto constructivist research as one of the underlying assumptions is that objective truth cannot be known. Instead, criteria for constructivist research have been developed which are "standards, benchmarks, and in some cases regulative ideals, that guide judgment about the goodness or 'quality' of inquiry processes and findings" (Schwandt, 1997, p. 22). The standards chosen followed the research standards deemed appropriate and applicable to constructivist inquiry (Altheide & Johnson, 1994). Guba and Lincoln (1994) note that

these standards are trustworthiness and authenticity and that each of these can be further subdivided into specific criteria. The criteria that must be met to ensure trustworthiness include credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985), whereas the criteria to ensure authenticity are fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity (Guba & Lincoln, 1989). Each of these will now be discussed with respect to the current research project.

Credibility

Credibility refers to whether or not one can establish confidence that the findings are a truthful representation of the participants in their context. Guba and Lincoln (1989) note that this criterion "is *in principle* impossible, for, in order to make it, the inquirer would need to know the nature of that ultimate tangible reality a priori. But it is precisely the nature of that reality that is at issue: if one already "knew" it there would be no need to mount an inquiry" (p. 294-295, original emphasis). Instead, therefore, a substitute test is performed whereby the postulated findings are compared to a natural context. In this case the findings can be falsified however, they cannot be proved to be true. In the current research the generalized findings were compared to the situations of the participants to see whether they remained to give an accurate representation of their reality. Under any one theme a range of examples were given to show the spectrum of experiences. The inclusion of individual data, such as quotes from the participants in each section, helped to ensure that their experiences were not being overlooked or oversimplified.

Transferability

Transferability refers to whether or not the research can be transferred to other contexts and other individuals. This criterion, rather than suggesting that the findings

should be consistent from case to case, deals with the "inquirer's responsibility for providing readers with sufficient information on the case studies (Case A) such that readers could establish the degree of similarity between the case studies and the case to which findings might be transferred (Case B)" (Schwandt, 1997, p. 164). To satisfy this criteria detailed descriptions of the participants and the context, were provided. It must be made apparent that the participants in this study had easy access to services and transportation and were perhaps more connected with the community than recipients who were geographically or socially isolated. The fact that the recruitment community comprised so many low-income single-mother may also have positively effected the amount of social support and reciprocal childcare available to these women.

Dependability

Dependability refers to the "stability of data over time" (Guba & Lincoln, 1989, p. 242) during the course of the research project. It is expected with emergent data there will be shifts in focus and changes in direction of the analysis over time. These changes, however, need to be documented and traceable. The audit trail, as described in Lincoln & Guba (1985) consists of six types of documentation: raw data, data reduction and analysis products, process reconstruction and synthesis products such as line by line codes and draft thematic materials, process notes, materials relating to intentions and dispositions, and instrument development information. All of the material output, including raw data in the form of transcriptions, data reduction and analysis products and process reconstruction and synthesis products of the study have been archived in both electronic and hard copy format. Process notes and materials relating to intentions and dispositions have been maintained in the form of a logbook noting analysis decisions and methods

along with draft copies of results and preliminary materials. Instrument development has occurred in the form of changes to the interview guide for subsequent use. Interpretive analysis tools can be found in chapter four and a copy of the revised interview guide can be found in Appendix G.

Confirmability

Confirmability is said to be parallel to the positivist construct of objectivity. "Like objectivity, confirmability is concerned with assuring that data, interpretations, and outcomes of inquiry are rooted in contexts and persons apart from the evaluator and are not simply figments of the evaluator's imagination" (Guba & Lincoln, 1989, p. 243). To assure this standard processes similar to the audit trail described for dependability need to be adhered to. This process requires that a person outside the study could trace a construct or concept back to the original source. This criterion has been achieved by cross-referencing data at all stages and linking these to the original interview and line number from which they came.

Fairness

The first criterion of authenticity is fairness and it refers to "the extent to which the respondents' different constructions and their underlying values are solicited and represented in a balanced, even-handed way by the inquirer (Schwandt, 1997, p. 7). All experiences were given equal weight during thematic construction. Those experiences that were more 'mainstream' were used as the foundation of the analysis as they represented the majority of participants. The more unique experiences were not discarded for being different but were embraced and formed the range of experiences that comprised a particular theme. One such example was daycare. Most participants did not

currently have daycare for their children and instead took their children with them. One participant had full-time daycare for her preschool children and before and after school care for her school aged child, others had part-time daycare while they were in programs. Four women had no access to daycare. This provided a range of experiences that helped shape how access to daycare impacted upon the lives of the women. Having no access to daycare was not considered more important than having daycare access, instead all experiences were considered in context and in relation to other themes.

Ontological authenticity

Ontological authenticity is concerned with "the extent to which the respondents' own constructions are enhanced or made more informed and sophisticated as a result of their having participated in the study" (Schwandt, 1997, p. 7). To satisfy this criterion research participants will be mailed a brief copy of the report to which their information contributed. This report will discuss the general experiences of participants, the controlling powers and interests served for each of these and the implications for health. It is hoped that from this material participants will become more informed regarding their circumstances, the control they have over these, and the level at which action can be taken to make a difference. As indicated in the information sheet, found in Appendix C, a risk to participants is that they could become angry with the welfare system.

Educative authenticity

This criterion is concerned with the "extent to which participants in an inquiry develop greater understanding and appreciation of the constructions of others" (Schwandt, 1997, p. 7). As with ontological authenticity, this criterion will be fulfilled through the distribution of a summarized copy of the findings. It is anticipated that

participants will be able to discern their own experiences from the experiences of others who participated. This process may lead participants to feel that they are not alone in their experiences and additionally, may cause them to become more aware of the situation of others.

Catalytic authenticity

Catalytic authenticity refers to "the extent to which action is stimulated and facilitated by the inquiry process" (Schwandt, 1997, p. 7). This criterion is perhaps the crux of critical methodologies. The researcher's goal in research aimed at understanding and influencing power is to "support change within society by introducing groups to the impact of social constructivism" (Marlett, 1998, p. 225). It is hoped that the current research, through the disseminated report, will provide participants with the realization that they are not alone in their experiences and that they are able to use their collective power to influence those who have control over aspects of their lives. It is not expected that changes to policy or programs will occur solely as a result of participating in this research project. A more realistic outcome would be that participants request or organize a forum for others to speak out about their experiences, and decide on a course of action that would satisfy any concerns.

Tactical authenticity

The final criteria of authenticity refers to "the extent to which participants in the inquiry are empowered to act" (Schwandt, 1997, p. 7). Empowerment is one of the aims of health promotion (WHO, 1997) and therefore, while it is not being formally studied, it is an important component of the research project. Empowerment can occur on many levels including individual, organization, and community (Isreal, Checkoway, Schulz &

Zimmerman, 1994). Staff at the two agencies who referred participants to the researcher will also be given a copy of the report. Additionally, a presentation was given at a recent staff meeting. Both the participant and the staff copy of the report will contain an attached sheet outlining things that can be done to foster change such as making their MLA aware of their situation for individuals and by highlighting areas of concern in the PACE evaluation for the agency. Providing knowledge to participants about possible actions may provide the impetus to plan activities such as those outlined above. Providing information to agency staff will foster a receptive environment for participants to plan their activities. The PACE evaluation to be conducted in the recruitment agency may become a vehicle or a stimulus for action as it calls for not only an evaluation of the PACE program but also the ideas of welfare recipients regarding how the welfare system could be improved. At the community level is hoped that other community members will become involved as many area residents share a similar financial and social situation to the women interviewed.

## Ethical Considerations

### Ethical review

Ethical approval was obtained from the Faculty of Agriculture, Forestry, and Home Economics at the University of Alberta on March 28th, 2000.

### Informed consent

Each participant had the study explained to them by a person external to the researcher, such as agency staff or previous participants, as well as by the researcher prior to committing to an interview. This was designed to ensure potential participants were not

forced or coerced into participating. Potential participants also received a copy of the information sheet prior to committing to the interview. The reading level of the information sheet was at a grade 6 level and can be found in Appendix C.

Once a participant agreed to participate and arrived for the interview the information sheet was again discussed. It was made clear that the participant could cease the interview at any time and that this decision would not negatively effect the welfare benefits they received or the prize they would get. At this time participants filled out and signed the consent form found in Appendix D. Participants were also informed that they could refuse to answer any questions, turn the tape recorder off for short periods of time if they did not wish a comment to be recorded, or indicate to the researcher if they would like a comment to be removed during transcription. None of these scenarios occurred. Participants were informed that their information would be used for a Master's thesis, as well as a component of a larger research study looking at Welfare-to-Work policies. They were also informed that the recruitment agency would use some of the information related to the PACE program in an evaluation.

Confidentiality

It was made clear to participants that they would not be identified. Only the researcher and the supervisory committee had access to raw interview data. All information was kept in a secure filing cabinet when not in use. Transcripts are to be kept by the researcher for seven years after the completion of the research project and consent forms will be kept for five years. This procedure is consistent with the guidelines set out by the Faculty of Graduate Studies and Research at the University of Alberta.

Anonymity

Only the researcher knew the identity of those who agreed to participate in the study and what they said. While those at the referring agencies may know who participated in the study they could not know what specific participants said. This was made clear to participants during the consent procedure. A random number generator was used to assign a three digit number to each interview. This number, in conjunction with the line number, was used to reference information directly from the transcripts. All identifying names were removed from the transcripts following the format found in the transcription guide (Appendix F).

Risks and benefits

The only risk of participation identified was that participants may become angry or upset with the welfare system. It was explained that the researcher was available to discuss these feeling and to refer the participant to a counselor at one of the two agencies.

No direct benefits of participation in the research study were promised. Instead participants were informed of how their information would be used and that the hope was that the larger research study would help policymakers make informed choices about welfare policies. One benefit that was not listed on the information sheet was the satisfaction participants gained from "telling their story". One participant remarked that having the opportunity to express her concerns over the welfare system had been very beneficial. Receiving a copy of the report may also be a validating experience for participants who may learn that their experiences are not unique. All research participants who frequent the mall have continued informal conversations with the researcher. This

suggests that participants were comfortable with the research process and trust and accept the researcher.

Limitations and Implications

While this research aimed to uncover the relationships between Welfare-to-Work activities in Alberta, the experiences of single-mothers and health there was not the intent to measure the self-perceived health status of these women or their children or their attitudes towards the Welfare-to-Work policy. Moreover, it is not the intent to study what the women believe to be the impact of Welfare-to-Work participation on their health. Instead the associations between the women's experiences and health were made through analysis of the dimensions and determinants of health. It is acknowledged that there may be measurable health outcomes as a result of participation in the Welfare-to-Work program and that these women may have feelings regarding participation in such a program. The intent of this research, however, is to document the experiences of participants rather than to prove definite health impacts exist or to document their attitudes or perceptions.

It is hoped that this research will have implications for both research and practice in the field of health promotion. With respect to practice, the findings from this study will better inform those working with poor single-mothers about the domains that influence their health related behaviour and their health in general. The researcher can facilitate this through the dissemination of the report. For research, it is hoped that this study will provide a useful base from which a more comprehensive study on the health impacts of the Welfare-to-Work policy can be built. It is also hoped that the

socioenvironmental determinants of health can be better explicated especially the macro level influences of social, labour and fiscal policy. This can be fostered by disseminating the results of the research through academic channels such as conferences and journal articles.

# CHAPTER 4

## Theoretical Framework

### Introduction

In this chapter, the theoretical basis of the interpretation and discussion of results found in chapters 5 - 7 will be presented. In general, the theories concentrate in two areas; theories related to political economy and theories regarding the concept of health.

In the first section of this chapter the philosophical underpinnings of welfare will be explored followed by a discussion of capital and power with respect to welfare recipients. A critical analysis matrix will then be introduced. This matrix forms the basis of the critical analysis presented in the following three chapters.

The second portion of this chapter discusses the concept of health including the dimensions and determinants of health. The dimensions and determinants of health are used as organizational categories in a dimensions of health matrix used to link participant's experiences with positive or negative health influences.

### The Philosophical Underpinnings of Welfare

#### The liberal welfare state

In his book titled The Three Worlds of Welfare Capitalism, Gosta Esping-Andersen (1990) categorized capitalist welfare states into three types: the 'Liberal' welfare state, the 'Corporatist' welfare state and the 'Social Democratic' welfare state. Canada was described as an "archetypical example" (Esping-Andersen, 1990, p. 27) of the Liberal typology.

With respect to welfare benefits, Liberal welfare states are described as those in which "means-tested assistance, modest universal transfers, or modest social-insurance plans predominate. Benefits mainly cater to a clientele of low-income, usually working class, state dependents" (Esping-Andersen, 1990, p. 26). Myles (1998) has noted "Liberal regimes are characterized by a preference for market solutions to welfare problems. As a result, the volume of social spending in these nations is low and inequality is higher as a result" (p. 342). Receipt is usually accompanied by stigmatization and benefit reform is hampered by traditional work-ethic norms (Myles, 1998).

While Esping-Andersen provided insight into the properties and limitations of various capitalist welfare states, feminist welfare policy researchers have taken issue with his categorizations for largely ignoring gender, class and racial power issues. Williams (1995) notes that Esping-Andersen's concept of stratification "deals minimally with the way welfare policies may reproduce or mitigate unequal gender, racial, or ethnic divisions - for example, in the unequal gendered division of labor, wealth, and power within the family or in differential access to benefits and different forms of eligibility to benefits that may operate through state, institutional, or personal forms of exclusion or denial" (p. 132). Williams (1995) also notes that Esping-Andersen's focus on pensions, sickness and unemployment benefits, and labor market policies has contributed to such welfare policy areas as health, personal social services, housing, education, and care benefits being overlooked. More precise data and theories regarding the former items have led to their dominance in policy research and development. This has meant that the latter items have

more typically been the site of "struggles over access and delivery" (Williams, 1995, p. 133) and have been largely ignored in the welfare policy arena.

The residual, institutional and social development ideologies

It must be noted that within Canada's Liberal welfare state typology varying ideologies of welfare delivery exist. Ideologies are defined as systematic distorting factors or "sets of ideas associated with distinctive political standpoints"(Mautner, 1997, p. 266). These ideologies cause a person to disregard more rational options in favor of options aligned with their predefined political standpoint. In the case of welfare development, ideologies play a role in the type of programs and policies produced. "Ideology has had a role of pivotal importance, as it has helped to create and to maintain invidious distinctions between welfare recipients and other workers, thereby supporting seriously constrained policy" (Rose, 2000, p. 144). Welfare, and the state's role in its provision, can be seem to stem from three diverse, yet interrelated ideologies. These ideologies, first described by Titmus (1958) are the residual, institutional and social development perspectives and can be used as "a framework for comparing different approaches [and] program relationships between work and welfare" (Armitage, 1991, p. 35).

A residual relationship between the state and the poor is exemplified by the Elizabethan Poor Laws. Individual responsibility for dependency is assumed and the unemployed must be forced to work. Strategies employed include lowered benefits and forced labour (Armitage, 1991). It is apparent that early 20th century notions of welfare in Canada and the current Alberta policies incorporate components of this ideology. In Canada, even at present, the fear of policy-makers is that "existing social welfare undermines the incentive to work, and thereby threatens the work ethic that is central to

our economy" (Jacobs, 1995, p. 17). Within Jacobs' above statement are apparent links to the protestant work ethic as well as the same notions that saw the introduction of Poor Laws and workhouses in centuries gone by. Within Alberta, the rugged individualism characteristic of the province (Murphy, 1997) fits well with a neoliberal capitalist conception of the state's role in welfare provision. Low benefit levels and mandated work requirements for those able to work are policies smacking of the same assumptions and limitations as the antiquated Poor Laws that have been criticized by advocates of more equitable welfare policy (see for example: Murphy, 1997; Shragge, 1997; Struthers, 1996). Tracking systems are employed to ensure that those who refuse to participate receive reduced benefits or are denied benefits. In this manner Welfare-to-Work schemes "are said to reward only those willing to work. It denies benefits to those who are lazy and indolent" (Jacobs, 1995, p. 20). This ideology, while varying in intensity, has always held some influence over the political thought in Canada and Alberta regardless of the economic climate or governing party. There has always been a fear, including under CAP, that overly generous welfare payments would corrupt the incentive to work. At present, this ideology is dominant in Canada and has underpinned much of the Welfare-to-Work policy development (Baker, 1997).

In the institutional view the state assumes responsibility. "People, it is assumed, want to work and will work provided that there are jobs for them and it is in their economic interest to work" (Armitage, 1991, p. 38-9). It can be seen that this ideology is tied closely to the residual view as economic incentives to work can be created by lowering welfare benefits making work, even in low-paying jobs, more attractive than receiving welfare. Such a decrease in welfare benefits forces people to find other means

to support themselves. The assumption held by policymakers may be that funds people find to support themselves will come from participation in the labor market. Although presently within Alberta, the family of recipients have been identified as an alternative to government assistance, as can be found in Appendix B.

Within the institutional view, policy issues focus on the need to provide jobs and encourages labour participation, often by lowering business taxes and reducing welfare benefits. This is linked to the market solutions referred to by Myles (1998) in a Liberal welfare state typology. Meanwhile, benefits are still provided to all in need. This was the ideology underlying the creation of CAP in 1966 at which time welfare provision for those with expressed need became defined as a right (Shragge, 1997; Struthers, 1996). An example of the similarity between the residual and institutional views appears with the cuts to government spending in the early 1990s. Such cuts were done in the hope that "it will lead to reduced interest rates which will, in turn, stimulate well-paying jobs in the private sector" (Schellenberg & Ross, 1997, p. 1). More well paying jobs lead to increased demand and then price increases for consumer goods through inflation. This strategy not only produces more employment, but also increases prices which will only be able to be afforded by only those who received the benefits of increased wages. This effectively widens the wage gap between workers and welfare recipients, making working the more attractive option and hopefully reducing welfare caseload.

It must be noted that for "both the residual and institutional views the existing social and class structure of western industrial society is undisputed, including the existence of poverty" (Armitage, 1991, p. 39). The existing social and class structure is inexplicably linked with a neoliberal, or economic rational, perspective promoting an

individualistic acquisition of wealth. Those who fail to capitalize on their personal capacities are ultimately responsible. An individualistic conception of society leads very easily to the instatement of measures designed to alleviate the tax burden from those who contribute to taxation systems. Those who are in receipt of assistance, who are unable to contribute to society through taxation, are required to earn their subsistence and strive toward self-sufficiency. Each individual must strive to protect his or her own self-interest and, as a result, place in wider society. For those who currently fail to live up to the economic view of a contributor, productivity will be achieved through work and skills training. What is lost is the sense of collective good or social obligation. "Ideals of individual responsibility are more frequently presented by government and by the media, and strong emphasis is placed upon families, individuals, and communities in provision of social care" (Sieppert, 1998, p. 1). However, "the market, with its increasing imperative to engage in paid labor to secure economic viability, diminishes the family's ability to engage in unpaid labor that is the basis of shared community" (Heath, Ciscel & Sharp, 1998, p. 517).

The third type of ideology, that of social development, has emerged from a critique of the two auxiliary views. This view encompasses the thinking of feminist policy researchers (see: East, 1998; Fraser, 1994; Friendly & Rothman, 1995; Haney, 1998; Lewis, 1997; and Little 1995 for feminist reviews of social welfare policy; and Frader, 1998 for a feminist review of labour history) and focuses largely on perpetuated power differentials including the subordination of minorities, genders and native cultures. In current welfare schemes "much of the redistribution goes from majorities to minorities of the population; from the employed to the unemployed, from the healthy to the disabled,

from the urban to the rural population" (Sandmo, 1995, p. 7). This situation poses a question of reciprocity on behalf of those in receipt of public money as they must prove themselves to be worthy recipients. Social assistance programs, such as welfare, have been criticized for "pitting tax-paying contributors against welfare recipients" (Harrington Meyer, 1996, p. 449). Tax-paying contributors to the system require that those in receipt fit into their schema of the world. In today's neoliberal economy, this implies that these recipients fit, or will be made to fit, into a neoliberal prescription of a worthy, or deserving, recipient. As Armitage (1991) states, "Workfare measures ... are one way in which the economic values of western industrial society are applied and deviant behaviour penalized. To accept money based on the principles of the welfare transfer accepts a position of dependency and of participation in both the benefits and penalties entailed. Assimilation begins here" (p. 40).

The Concept of Capital

Capital is a concept first described by Marx and later articulated by Bourdieu (1996). Bourdieu posits that there are four types of capital and that these are unequally distributed throughout society. The four types are economic capital (material wealth); cultural capital (credentials); social capital (social networks); and symbolic capital (legitimacy). These types of capital are exchanged for items associated with other forms of capital. For example, economic capital (money) is exchanged for cultural capital (a university degree) which may in turn yield further economic capital. As there is an unequal distribution of the various forms of capital they are inextricably linked with power. As Peillon (1998) notes "capital is power, or rather it is a resource which yields

power" (p. 216). In post-industrial, capitalist societies in particular the type of capital that yields the most power has been transformed. Acquiring economic capital may be seen as the overriding motive of individuals in modern, neoliberal society.

In the receipt of welfare benefits what is at stake is an exchange of one kind of capital for economic reward. Habermas (1981) proposes that within the institution of the welfare state legitimacy, or social reward, is exchanged for monetary reward. Legitimacy is lessened as a welfare recipient complies with the economic and political requirements of the system. By staying on welfare, recipients reduce their legitimacy to claim assistance as they comply less and less with the criteria of a worthy recipient. Through this process Habermas claims that there is a pacification of the lower class. This is similar to the inference made by Armitage (1991) that welfare receipt produces subordination and the inference by Myles (1998) that receipt is accompanied by stigmatization. In Alberta those without attachment to the workforce, who would receive Social Assistance, must exchange their symbolic capital for welfare benefits. This leads to their subordination and stigmatization.

Habermas (1981) and Pellion (1998) have postulated that capital is associated with power as the various forms of capital are unequally distributed throughout society. In welfare distribution power is exerted over welfare recipients. Furthermore, Coburn (2000) has suggested that "there is an affinity between neo-liberal doctrines, inequality, and social fragmentation" (p. 138). For this reason, an analysis examining the underlying assumptions and ideological standpoints associated with the experiences of single-mothers is appropriate.

Critical Analysis Matrix

The critical analysis matrix, found in Table 1, was used to explore the relationships between the experiences of the single-mothers interviewed and the structures that influence these experiences. This matrix was particularly useful for critical ethnography as "micro conditions often have their origins in macro conditions, and when appropriate, the analyst should trace the relationships between these" (Strauss & Corbin, 1998, p. 185). To explore the relationships between the micro experiences of single welfare mothers and the Welfare-to-Work policy is the purpose of the proposed research. A two dimensional matrix, as described by Miles & Huberman (1994) comprising rows and columns was, therefore, employed. Each row of the matrix represented a dimension of experience for the single-mothers as identified through the thematic analysis. Column headers were dimensions of critical analysis including the assumptions and intent underlying an experience; the interests served by this experience; metaphors/language used with respect to the experience; and power or control of the experience. To support these interpretive findings, supportive material was taken from SFI policy summaries and the experiences of participants.

Figure 3, following the critical analysis matrix, provides an example of how the critical analysis matrix was employed. A theme, in this case Reliance on the Food Bank, was entered into the matrix and analyzed in relation to the critical analysis components. This illustrates how the critical analysis was performed using knowledge acquired through the interviews and the literature.

| | Assumptions /Intent | Interests Served | Metaphors/ Language | Power/ Control |
|---|---|---|---|---|
| Alberta Community Employment | | | | |
| Always being with the child | | | | |
| Caring for child (Being a mother) | | | | |
| Continual reporting | | | | |
| Daycare allowance | | | | |
| Discretion of the caseworker | | | | |
| Inadequacy of allowances | | | | |
| Individual allowances (where the money comes from) | | | | |
| Job-hunting | | | | |
| Personal responsibility for finances | | | | |
| Quality time with the kids | | | | |
| Reciprocal childcare with family/friends | | | | |
| Reliance on Food Bank | | | | |
| School | | | | |
| The boredom of single-motherhood | | | | |
| The bureaucracy of the system (insensitive to need) | | | | |
| The child's schedule | | | | |
| The independence of single-motherhood | | | | |
| The provision of childcare | | | | |
| The role of family and friends | | | | |
| The stress of single-motherhood | | | | |
| Training programs | | | | |
| Transport allowance | | | | |
| Working | | | | |

Table 1. Critical analysis matrix

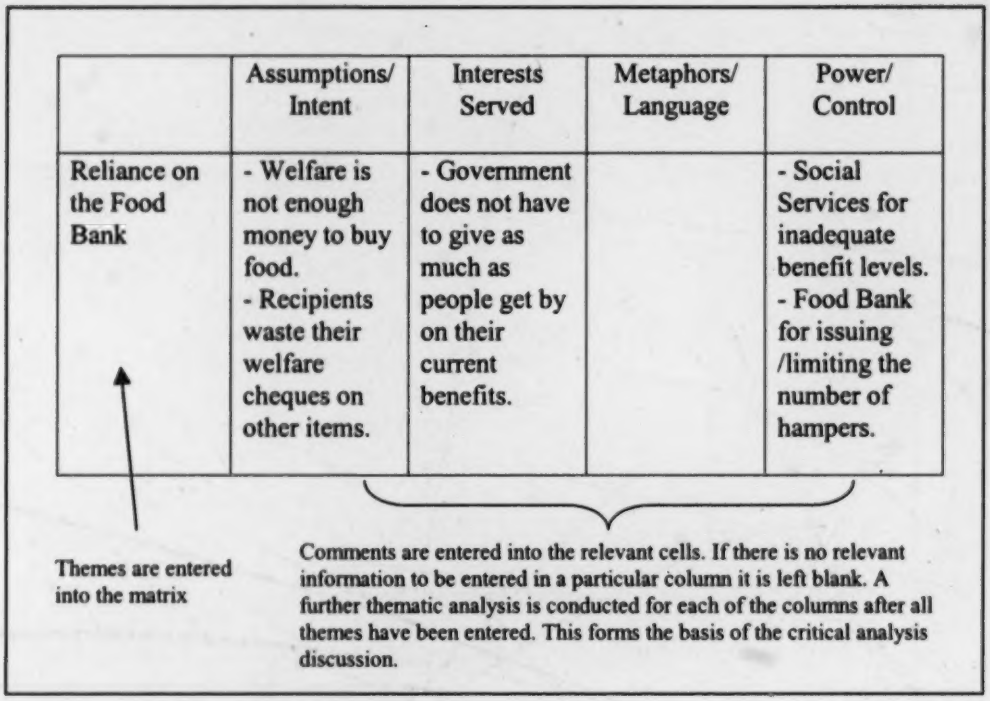
Assumptions/ Intent
Interests Served
Metaphors/ Language
Power/ Control
Reliance on the Food Bank
- Welfare is not enough money to buy food.
- Recipients waste their welfare cheques on other items.
- Government does not have to give as much as people get by on their current benefits.
- Social Services for inadequate benefit levels.
- Food Bank for issuing /limiting the number of hampers.
Themes are entered into the matrix
Comments are entered into the relevant cells. If there is no relevant information to be entered in a particular column it is left blank. A further thematic analysis is conducted for each of the columns after all themes have been entered. This forms the basis of the critical analysis discussion.

Figure 3. Use of the critical analysis matrix

The Definition of Health

The World Health Organization (1986) defines health as "the state of complete physical, mental and social well-being" (p. iii) and not merely the absence of disease. The World Health Organiztion (1986) goes on to state that health is seen as a resource for living, not the object of living. This means that when viewing health as the outcome of policy we should be concerned with the quality of an entire person's life not just their physical health status as indicated by morbidity and mortality statistics.

The dimensions of health

The dimensions of health identified by the World Health Organization (1986) include physical, mental and social health. Other authors (see for example: Ewles & Simmet, 1992; and Rootman & Raeburn, 1998) have included other dimensions such as spiritual, sexual and emotional health. Additional concepts, however, do not figure prominently in the health research whereas most configurations include some reference to physical, mental and social health. For this reason, these constructs will be used as the dimensions of health in the current research.

Physical health "concerns the body" (Naidoo & Wills, 1994, p. 4) including adequate provision of such items as "nutrition, exercise, personal hygiene and grooming, clothing and overall physical appearance" (Rootman & Raeburn, 1998, p. 121). Mental health, which in this case will subsume emotional health, refers to the ability to make decisions and judgments and to express appropriate emotions (Ewles & Simmet, 1992). Social health refers to "the integration of somebody in a web of social relationships" (Naidoo & Wills, 1994, p. 5) and "includes a sense of belonging with and acceptance by his or her intimate others, family, friends, co-workers, others in his or her neighbourhood or community, as well as members of his or her cultural or ethnic group" (Rootman & Raeburn, 1998, p. 122). A complete state of health involves the positive interaction between each of these three dimensions, as is shown in Figure 4.

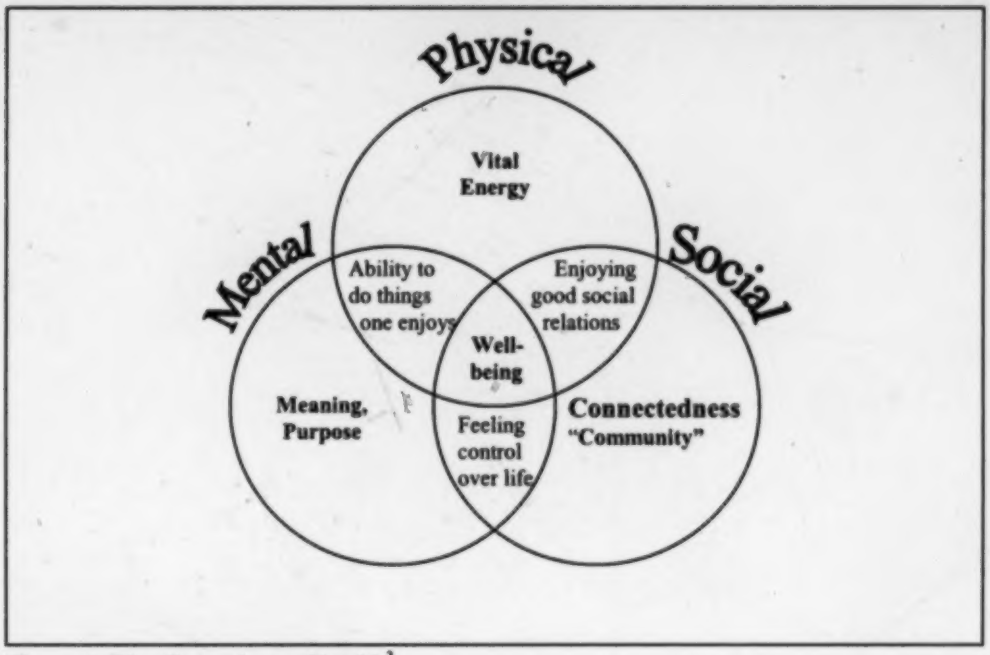


Figure 4. The dimensions of health[3]

The determinants of health

The determinants of, or prerequisites for, health are "the fundamental conditions and resources for health" (WHO, 1986, p. iii). It must be noted that there is no universal set of determinants of health, rather different agencies and regions have compiled slightly different lists, sometimes influenced by differing ideologies or for different purposes (see for example: Canadian Public Health Association (CPHA), 1996; Federal Provincial, Territorial Advisory Committee on Population Health (FPTACPH), 1994; Health Canada, 1996; Naidoo & Wills, 1994; WHO, 1986; WHO, 1997). Even within one agency these lists have altered over time (see for example: WHO, 1986; WHO, 1997). A list of determinants of health relevant to a Canadian population involved in Welfare-to-Work activities is that compiled by the Federal Provincial Territorial Advisory

[3] Adapted from "Issues in health promotion series. #3 Health promotion and empowerment: Practice frameworks" by R. Labonte, 1993, p. 21. Toronto: Centre for Health Promotion and ParticipACTION.

Committee on Population Health (1994). This list includes income and social status, social support networks, education, employment and working conditions, personal health practices, healthy child development, physical environment, biology and genetic endowment, and health services. It is apparent that many of these determinants have very real social, political, and economic underpinnings. The most obvious determinants of health related to Welfare-to-Work activities, namely income and social status and employment and working conditions, will now be explored.

*Income and social status*

With respect to welfare recipients, possibly the most important determinant of health is income. This is due to the accepted acknowledgement that those from the lowest socioeconomic strata have poorer health than those from the highest strata (see for example: Baker, North, and the ALSPAC Study Team, 1999; Epp, 1986; FPTACPH, 1994; Marcan, Clarke & Joshi, 1996; Mathers & Schofield, 1998; Naidoo & Wills, 1994; Terris, 1996). If low income is seen as a negative determinant of health status, then a solution to inequalities in health could be to raise the income level of these low-income earners. The problem, however, is more complex. Raising minimum income levels to a standard where all are able to access the necessities for health described above would not eliminate the disparity of life expectancy or self-reported health status between the relatively rich and poor. Rather, it is the equal distribution of income and social status across the population that is likely to have greatest impact on health (Hamilton & Bhatti, 1996; Wilkinson, 1992). The link to health appears to be in the depletion of social cohesiveness that accompanies the differential distribution of income (Coburn, 2000).

*Employment and working conditions*

One mechanism that may be seen to differentially distribute both income and social status within and between the sexes is employment. Sometimes this construct is listed as a unique determinant (CPHA, 1996; FPTACPH, 1994; Health Canada, 1996; Naidoo & Wills, 1994) and sometimes it is implicit within income (WHO, 1986; WHO 1997). For those who list employment as a unique determinant the focus is on control over work circumstances, workplace safety, and the health impact of the presence or absence of work itself. Workplace safety can be subsumed by the frequently cited health determinant of physical environment (CPHA, 1996; FPTACPH, 1994; Health Canada, 1996). The other aspects of employment, cited as increased status, power, control, economic reward and recognition (Ross & Mirowsky, 1995), can be subsumed by income and social status. An additional variable not accounted for by income or social status is the social support work relationships often provide (Ross & Mirowsky, 1995). However, using the FPTACH determinants "social support networks" (1994) could subsume this construct. Therefore, using the FPTACPH determinants of health, the construct of "employment and working conditions" can be dismantled and divided amongst "physical environments", "income and social status", and "social support networks". For this reason employment and working conditions will not be included in the dimensions of health matrix. Numerous studies have documented that income is related to health (Baker, et al., 1999; Elstad, 1995; Lennon, 1995; Romito, 1994; Ross & Mirwosky, 1995; Weatherall, Joshi & Marcan, 1994). Some of these studies (see: Romito, 1994; Weatherall, et al., 1994) also correlate income and employment with social status. Those with higher incomes often have higher social status than those with lower incomes. Social

status, they note, is also often associated with control and power. This adds weight to the philosophical postulations of Marx and Bourdieu discussed earlier.

Dimensions of Health Matrix

The health matrix, found in Table 2, was used to make connections between the experiences of the women interviewed and their health. No direct measures or assessments of health were made during the interviews. Rather, the experiences of the women were categorized according to the determinants of health. The theoretical

| | Physical | Mental | Social |
|---|---|---|---|
| | Vital energy | Meaning, purpose | Connectedness "community" |
| | Ability to do things one enjoys | | |
| | | Feeling control over life, living conditions | |
| | Enjoying good… | | …social relations |
| | Well-being | | |
| Income and Social Status | | | |
| Social Support Networks | | | |
| Education | | | |
| Personal Health Practices and Coping Skills | | | |
| Healthy Child Development | | | |

Table 2. Dimensions of health matrix.

relationships between the determinants of health and the dimensions of health were then explored. Findings from the dimensions of health matrix offered relationships between the experiences of single-mothers, the related determinants of health and the dimensions of health that are ultimately effected.

Figure 5 shows how the dimensions of health matrix was employed. Once again, Reliance on the Food Bank was used as an example.

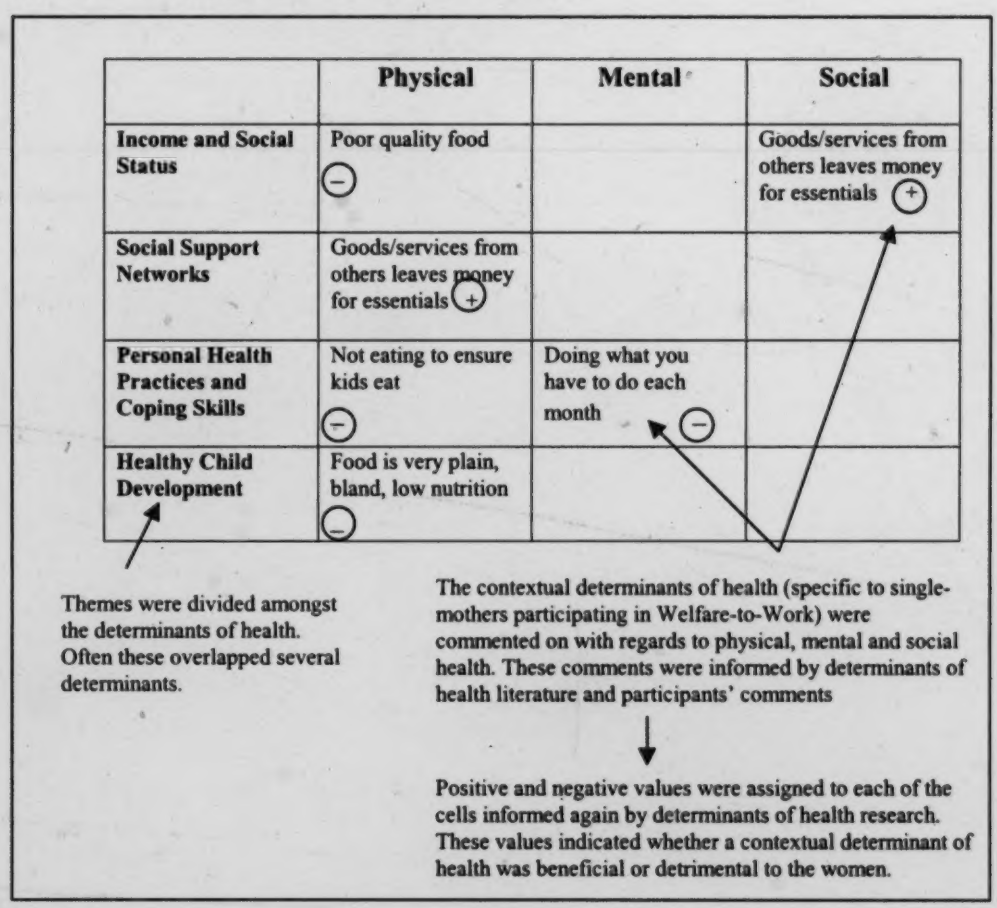
Physical
Mental
Social
Income and Social Status
Poor quality food (−)
Goods/services from others leaves money for essentials (+)
Social Support Networks
Goods/services from others leaves money for essentials (+)
Personal Health Practices and Coping Skills
Not eating to ensure kids eat (−)
Doing what you have to do each month (−)
Healthy Child Development
Food is very plain, bland, low nutrition (−)
Themes were divided amongst the determinants of health. Often these overlapped several determinants.
The contextual determinants of health (specific to single-mothers participating in Welfare-to-Work) were commented on with regards to physical, mental and social health. These comments were informed by determinants of health literature and participants' comments
Positive and negative values were assigned to each of the cells informed again by determinants of health research. These values indicated whether a contextual determinant of health was beneficial or detrimental to the women.

Figure 5. Use of the dimensions of health matrix.

Organization of Findings

The experiences of the women interviewed revealed commonalties as well as differences. In general each of the women shared three facets of their lives. These were the experiences of being a provider, of being a mother and, of trying to fulfill their roles as mother and provider while being on welfare. It must be noted that these categories were not described by the women interviewed as distinct categories but rather represent an intellectual separation for clarification of how these multiple roles work to 'construct' women's experiences. The division of information was based upon the following conditions:

- Being a provider involved activities associated with receiving money and in-kind benefits from Social Services and other sources. In this category, activities the women had to undertake to receive benefits were not unique to being in a Welfare-to-Work program. An example of such an activity was the reporting of income and living arrangement
- Being a mother included all aspects of caring for children including adhering to the child's schedule and the women's perceptions of their mothering role.
- Being a single-mother on welfare included items associated with Welfare-to-Work policies and the rationality of the choices single-mothers on welfare made.

Being a provider entailed considerable planning and effort. The same can be said for being a mother. Combining these two roles created unique challenges for single-mothers on welfare. The experiences of the nine single-mothers interviewed are described in the following three chapters. Findings from the interpretive analysis as well as a discussion of the results are interspersed amongst the thematic findings.

# CHAPTER 5

## Being a Provider

One role the single-mothers interviewed assumed was that of a provider. Fulfilling the role of provider for single-mothers on welfare means complying with the requirements of Social Services and other agencies from which monetary or other goods are received. Critical analysis of the thematic findings revealed that the government held the majority of control over the women's lives through the provision of income. Resources that the government controlled included the Welfare-to-Work programs the women participated in; the services mothers could utilize, such as daycare and transportation; the amount of money the women received and as such, the women's source and type of food. Critical analysis also revealed that through the control of each of these items the government had indirect control over the time mothers spent with their children, their stress, boredom and independence. Analysis of the interests served by government-controlled resources revealed that they predominantly served the interests of the government and fell into two categories: reducing welfare expenditure and reducing welfare caseload.

### Where the Money Comes From

There were two main sources of income available to the women interviewed while they were on Assistance. Their primary source of income was what they commonly referred to as their welfare cheque. A secondary source of income was the Child Tax

Credit, known euphemistically as "Baby Bonus" or "Family Allowance". A summary of the cash and in-kind benefits women described can be found in Appendix H.

The amount the mothers received on their welfare cheque was broken up into smaller allowances that were set according to the number of people on the mother's file. The utilities allowance, for example, was "135 for gas and power" (249-74) for a mother with three kids. Rent allowance also ranged depending on the number of people on the file and the cost of the rent. "298 which they give me", said a mother with one child (156-102). "For rent they give me 398" (013-295), said a mother with two children whereas a mother with three children said "I get 351 for housing"(249-23). A further amount was allocated for food, clothing and additional expenses. This amount again varied according to the number of adults and children on the mother's file. The women spoke of additional expenses that could also be covered through negotiation with the caseworker. Examples of such expenses included bus passes for travel to and from programs, daycare and school fees, and clothes to prepare for interviews and/or work. Many of these allowances have limits as to the number of times they could be claimed and must be accompanied by documentation to prove their necessity. For the most part, however, the amount the women received on their welfare cheque remained constant throughout the year.

Baby Bonus was received on the 20th of each month or the last weekday beforehand if the 20th fell on a weekend. All but one of the women received Baby Bonus, which ranged from $61.00 for one child (060-198) to $420.00 for three children (249-202). The reliance on the Baby Bonus was obvious. The middle of the month was the hardest period of the month as first bills and rent would be paid which would leave little left for groceries. When Baby Bonus arrived it would be used for groceries and other

necessities. "Its very, very tight. By the time it starts getting towards the 20th I'm like oh, I can't wait until Baby Bonus because I'll be out of milk or I'll need some diapers" (060-154). It was a struggle to make it from the time the welfare cheque money ran out until the 20th when Baby Bonus arrived "Everything is just like gosh! Family Allowance is coming. I can stay for that" (643-494). As one woman noted, "I'm just glad I have my Family Allowance to help me out" (149-179), while another said "I'm pretty sure everyone here on Social Services is grateful for Baby Bonus" (060-207).

The Inadequacy of Allowances

The women felt that the amounts given for the above allowances were not adequate to meet actual expenses. While not every woman spoke of the breakdown of the money, every woman noted that the money did not last the entire month or that they were behind on bills. Some also noted that there was often not enough money left over for food. As one woman noted, "Your rent is like ok my rent is sitting at 625 and for rent they give me 398" (013-294). A differential also existed between the actual and estimated expense for utilities "135 for gas and power and mine is 160" (249-74). To cover the additional expenses of these items the women had to take money out of their food allowance. One woman who now received more money in an Alberta Community Employment (ACE) position than she did previously on welfare noted:

> *They don't give you enough. You can't survive on it and like its hard. Last, was it last month I actually did some grocery shopping! No this month, in the middle of the month I got my advance so I did some grocery shopping. It felt so good (665-63).*

Other women who still relied on their welfare cheque and Baby Bonus explained how money was taken from their food allowance to cover their bills and rent. "Because I'm paying 500 for rent regardless. 298 which they give me. So 200 more is coming out of our mouths" (156-102).

Reliance on the Food Bank

Due to the fact that the rent and utility allowances were inadequate, money had to be transferred from the women's food allowance. For this reason many of the women did not have enough money to go grocery shopping and instead relied on the Food Bank.

> *I barely have enough money to buy groceries. Yeah, and I hate depending on the Food Bank (149-353).*
>
> *Cause I mean 100 I think I worked it out to about $160 that you have left for the whole month. That's 30 days that has to last me. It gets stretched out pretty well but it doesn't always last. It doesn't usually last at all. Usually I end up having to go to Food Bank at least once a month (156-60).*
>
> *I rely on them religiously. I know that's a bad thing but at the same time you know. I don't have a choice. 'Cause if we don't then we starve for that month you know because I don't get enough on my cheque... When you have no choice you have no choice. You have, you got to do what you got to do right. So, just about every month I use the Food Bank (013-25).*

Rules and regulations were also imposed on the Food Bank. Welfare recipients could only collect hampers once a month. At the time of data collection the Food Bank with an intake service at the recruitment agency was tightening regulations as the

caseload from that area had increased. One of the women interviewed was told she was no longer able to use the Food Bank and instead would need to use the Food Co-op. In the Co-op participants pay $15 a month and three weeks later collect a food hamper containing meats and produce but none of the long-life foods or toiletries available in the Food Bank hampers. The woman had since solicited the help of the agency's outreach worker to try and have the decision repealed as she did not know how she was going to provide for herself and her three children without the Food Bank. While the various Food Banks ultimately control who does and does not receive a hamper, Social Services determines a large proportion of the need for these hampers by not providing enough money. The government benefits from the use of the Food Bank as they receive less pressure to increase benefits if people are seen as 'getting by'.

While recipients had to report their income and expenses, through such items as rent receipts, they did not receive the actual cost of these items. The government, in spite of knowing the women's actual cost of rent and utilities, did not grant them the full amount. The government, by paying a substantial portion of each of these items reduced their obligation to provide welfare recipients with a living wage. The underlying assumption is that welfare recipients should not be able to live as comfortably as the working class and should instead be able to 'make do' with a percentage of this. Proponents of institutional notions of welfare delivery anticipate that this will provide the 'motivation' for welfare recipients to get a job.

The Role of Family and Friends

Extended family and friends were vital to the economic survival of the women interviewed. Family and friends provided such essential items and services as food, baby clothes, toys, furniture and appliances, transportation, and baby-sitting. The monetary value of the items ranged from negligible in the case of a ride to a program, to substantial in the case of a washer and dryer. More importantly, however, these items allowed the mothers to save their scarce resources for other necessities. The family was also the economic safety net in case of emergency. Those women with access to the resources of family members were substantially better off than those who did not have their family to rely on. Examples of the impact of informal resources are below:

*If it wasn't for my family he wouldn't have all those things. Yeah. Birthday, when his birthday comes, when Easter comes, when every event comes he gets something. Its like, I don't know. And when his birthday comes I'm always grateful because everybody always buys him clothes and stuff that he really does need (643-462).*

*My foster mom and I work together, so. She drives me and if she can't drive me I'll take the bus. So we always make sure we get here and we always get home. Between the two of us we, we've got the vehicle part under control (756-192).*

*I can't even afford to do laundry. I have to take my laundry over to my friend's house. To do laundry (156-393).*

*My uncle who works out of town and he decided that he was going to buy me and my sister a washer and dryer to share. So now we've got that at*

*home. So that's really. Its his, but its ours like for now. Like to share. So, which is really good 'cause I don't have to travel all the way down to the Laundromat and it's a lot easier too (647-365).*

*If something major were ever to happen and I needed it to be replaced then I know I could turn to my parents (060-821).*

One woman who did not have family or friends to rely on had a different experience to those who did.

*I want to catch up on my rent. I don't want to be living on the street because I have no place to go. My mom's passed away and there's no-one there (249-220).*

Reliance on social capital

Social capital "refers to features of social organizations, such as networks, norms, and trust that facilitate co-ordination and co-operation for mutual benefit" (Putman, 1993, p. 35). As opposed to social support which involves affirmation, reassurance, information, and instrumental aspects (Stewart, 1995), social capital primarily involves acquisition. As Baum (1999) notes: "social capital's importance lies in the way in which it assists members of society to gain access to other forms of capital" (p. 171). With respect to single-mothers on welfare, social capital is a concept that is essential to their economic survival. The inadequacy of allowances dictated the need for women to rely on social networks. The type of social capital single-mothers depended on were social networks for goods and services such as babysitting, laundry and transportation. The women had formed networks with those they trusted and for this reason often preferred to use them for childcare over private daycare centers. As stated by Bourdieu (1986), social

capital is also differentially distributed within society. It must be noted that the women in this study possibly had more social capital then those without access to the agency or family and friends. Having social capital allowed women to more easily undertake their Welfare-to-Work activities including attending programs and job-seeking as they either had babysitters or family or friends who would pick their children up from daycare or school. Such services as free rides and help with transporting children are essential to the women. As Tuner and Grieco (2000) have noted "in order to meet their journey requirements, women from low-income households often joined forces and exchanged time favors. In order to enable a neighbor or friends to undertake her shopping, one woman would take care of the children of two households. When she in turn needed to "borrow time" in order to meet a hospital appointment or undertake her shopping, she would call in the "time debt" (p. 130).

While being different from social support, social capital does overlap the FPTACPH (1994) determinant of health known as "social support networks" and also the social dimension of health. The common construct is the single-mother's involvement with others. Social capital is defined as "a resource residing in social networks that accrues to its members" (Gleeson, 1999, p. 184) and as such the link to social support networks becomes apparent. Those with greater social support networks have access to greater social capital. Social health is also defined as community connectedness (Labonte, 1993), however, social capital, social support networks and social health are not interchangeable. While social capital refers to potential resources available to people, and social support networks refer to the positive relationships that arise from these networks, social health deals primarily with the integration of someone into a social support

network (Naidoo & Wills, 1994). This includes aspects of access to and the quality of the network for the individual. Social health, therefore, can be seen as a byproduct of the interplay between social capital and social support networks.

On the one hand it can be seen as a positive that these women share a sense of community with other single-mothers and community agencies, such as the recruitment agency, but, on the other hand, it can be seen as a negative that women are forced to rely on others, who also often live below the poverty line to get by. The benefits women received from their reliance on others were social support and reciprocal goods and services. The costs to these women were the time and in-kind debts that women accumulated to others who had helped. While the women interviewed were forced to rely less upon the government for support their reliance on others indicated they are in no terms economically self-sufficient, which runs counter to the goals of the SFI policy. Instead, the women's economic dependency is transferred to another source albeit a source less able to act as a safety net. With this respect, the women in the study were perhaps "better off" than other single-mothers on welfare as they had access to family, friends, and agencies to whom they could turn for help. Other, more isolated women on welfare would face an even worse situation than those interviewed.

Welfare Benefits and Health

The amount of money participants received had a direct impact on their physical health through the amount and quality of food they could buy, the quality of housing they could afford, and the amount and quality of clothes they could buy. In many cases women received an inadequate amount of money and had to turn to the Food Bank for food,

which typically provided long-life foods lacking in nutritional value and fruits and vegetables on the verge of spoiling. Fresh foods lasted only a couple of days after receipt of the Food Bank hamper after which women relied on simple, inexpensive foods such as macaroni and cheese, hot dogs and grilled cheese sandwiches. These foods provided little nutritional value for themselves or their children. Public housing, in which at least four women lived, was renowned for being in poor condition. Women living in private housing also lived in low-rental, poor quality housing which was often cold and in need of repair. Furniture was often broken and some items, such as wiring and basements, posed dangerous risks. While some women spoke of buying clothes for their children, they also relied on free clothes from a clothing exchange operated by the recruitment agency. Some women spoke of how their children did not have adequate clothing such as summer shoes, winter jackets or socks. Not having enough money to provide for their family was likely a source of stress that impacted upon the mental health of recipients. The boredom and stigma associated with welfare receipt were also likely to be detrimental.

As far as social health was concerned not having enough income meant that single-mothers did not socialize with others as middle-class people would. They did not have money to go out with friends as even if they did not spend any money they would still have to pay for a babysitter. No woman interviewed spoke about social activities with other adults while having their children present. Only two women spoke of going out with friends, but noted that this was very rare.

The conditions of welfare receipt may have, however, forced mothers to rely on their social health or community connectedness as single-mothers were forced to rely on

each other for such items as babysitting, laundry services and transportation. While not having adequate access to these items can negatively influence physical and mental health, social health was imperative to the family's economic survival. Social health allowed for trading of goods and services with others. Those with low social capital were at a disadvantage, as they could not rely on support from others.

It is likely that social support networks aided the physical health of the single-mothers interviewed. The women received essential goods and services through kin, friendship, and agency networks without which they could not survive. Money which the women saved allowed them to buy more groceries for themselves and their children, or use this money to pay bills or rent essential to their survival. As with the reliance on the Food Bank, the reliance on family and friends served the interests of the government as welfare recipients managed to survive until their next cheque arrived on an income below the poverty line. As recipients managed to obtain items such as babysitting and transport there is less pressure for the government to provide these items.

Continual Reporting

Each month recipients were required to report to their caseworkers using a Client Reporting Card. In most instances, the allowances welfare recipients received were administered in a way that reduced the government's welfare expenditure. Critical analysis revealed that continual reporting of income and living arrangement served to notify the government of any opportunity to reduce the recipient's benefits. Eligibility for welfare benefits was determined monthly (AHRE, 1999b). Additionally, "Income and Support Services takes steps to make sure that people who receive benefits are entitled to

this financial help ... Human Resources and Employment may check with other government offices to see if people are reporting all of their income" (AHRE, 1999a). This ensures that additional income is deducted from a recipient's cheque dollar-for-dollar. Instant common-law status also enabled Social Services to reduce or deny benefits to a formerly single-mother and her children. Such stringent reporting of income and living arrangement was seen as a negative by the women interviewed.

> *You have to have some privacy in your life. You have to have a little bit of something. They make you take down your bank statements. The last one you had to the thirty or fifteen days before so they know how much money you had in your account. They want to know everything. They want to know where your spouse moved. Why did he move out? What colour underwear was he wearing? (156-713).*

As one participant noted regarding her employment, "it was enough to keep Social Services off my back and that's all a person really wants when they're on Social Services. 'Cause they can become real pains" (060-119).

Income

Any income earned over $115.00 a month was deducted from the women's cheque (AHRE, 1999c). Reporting of all income, therefore, was very stringent. Many of the women felt that such detailed reporting was unnecessary.

> *It's a client reporting card. It has to have it in, one each month. Its just to see if we have any money coming in, any other money coming in. From PACE we get paid to work for them and we have to have a pay slip and stuff and we have to fill out a back the back of the client card and if we*

*make one mistake it gets sent back and we have to fix it. We have to go back... We get paid $14.75 a day from the work and if we make any more than that it gets taken off of our cheque (643-320).*

*They got it down there so if you sell a little toy out of your house for $0.50 you have to write it down. You know. Heaven forbid you ever want to have a garage sale...Like holy! That's stuff you bought over the years from the money you had. Now if you sell it shouldn't that money be yours? Why should it come off? Why can't you help yourself? (156-723).*

Living arrangement

In addition to reporting all sources of income the women had to report any changes in their living arrangement including new boyfriends, roommates or people living in their house. When a boyfriend moved into the house he was added to the mother's file and instant common-law status was applied. If he made a substantial salary the mother was cut off. If he was also on assistance the mother's benefits were contingent on the boyfriend fulfilling Welfare-to-Work requirements on a monthly basis as well. One woman related her experience in this situation:

*Well they added when my boyfriend moved in they added him to my file. And then anything he made and whatever. And then of course he had to do a whole bunch of running around and if he didn't do it I was cut off. You know its like a major stress is he gunna do it? Is he gunna do it? (013-687).*

The women also did not understand why there were such rigid rules regarding boyfriends. They were frustrated by the reporting requirements.

*I stayed at my boyfriend at the time's place and when I was staying at his place Social Services didn't want to help me unless I moved out of his place. It was like I have to stay wherever I can. They're like this is common-law. I'm like its common-law if we're together for at least three months. Well, nope. That's common-law. No its not. So I had to move. And I basically had to I was expected to move out of his place and go live at my mother's place (665-282).*

*I mean if I want to have a boyfriend and he's not buying me anything or giving me any money, if he's just taking me out on a date you know for dinner and a movie, then why can't I have that time? Why do I have to claim that? (156-720).*

*If you're living together its automatic common-law. Yep. Automatic. If you and me were dating ok and I move in with you or whatever and you're on assistance or I'm on assistance. Automatically you're considered to have a spouse. I mean it could last you know it could last a week. But you're considered common-law. Isn't that screwy! (013-699).*

The Bureaucracy of the System

Each of the women commented about the bureaucracy of the system and the quality of helped they had received. Some women had a more favorable impression of the welfare system than others.

*Actually it was really good. I hear people say how bad they are and I'm thinking ok, this must be a situation way different than mine for them to*

*come out and say they're bad. And its like I got the help I needed, why would it be bad? (756-473).*

Those who spoke more favorably about the services they had received had greater family support on which to rely in the event that welfare support was not forthcoming or through which contingency plans could be made. Those who relied solely on Social Services were more critical as they did not have an alternative if the help they needed was not provided. When asked for her opinion regarding being on welfare one woman replied "It sucks!" (249-458). Another, when describing her history of welfare receipt, said "then on welfare for two months, which was hard being on welfare" (149-38).

Three women spoke of how the bureaucracy was insensitive to their situations and they were told there was nothing welfare could do to help them. In one case the recipient was robbed. She remarked "you think they'd be more understanding when it comes to that kind of thing. Because they're supposed to be there for the, you know, to help people and they're not really" (665-268). In another case the recipient's former roommate owed money on the power bill so the recipient had her power disconnected, her husband left her and her grandmother disappeared all within the space of a few months. She noted:

*Its got to be really bad in your life for welfare to back off of you. Like your world has to be totally falling apart and then you have to prove that its falling apart. So you know how much fun that is (sarcasm) when you can't even get up in the morning and brush your teeth let alone, you know, explain to them what's going on (013-401).*

In the third case the recipient had health and emotional problems that were causing her children to be neglected. She said "I'd ask them for help and they'd say oh we

can't get you in to see anybody, your problems aren't bad enough" (756-399). Finally when she was threatened with having her children taken away she received help. About this she said "through them I got the help I needed that I had been asking for for thirteen years for help and I finally got it. But it took something like bad to happen" (756-428).

Two women spoke of how they had learned to be direct and forceful with the system in order to get what they wanted. This required advanced planning, and took courage.

> *And they gave me money for it because I already had all the papers all ready for them. Yeah. I'm always one step ahead. You have to be. (149-510).*
>
> *This time I just kept going, kept going, kept pushing it. I thought no, I'm not gunna let these people say no they can't help me. Ok. Why can't you help me? Who can? Ask more questions (756-408).*

Interactions with the welfare system were often demeaning for the women. The stigma associated with welfare receipt likely had an impact on the women's mental health. Unless the women made an active effort to demand what they wanted they lacked control over their welfare benefits. With this respect, lack of control over the terms and conditions of welfare receipt can be seen as similar to a lack of control over work conditions. Lennon (1995) and Ferrie and colleagues (1998) have made associations between low job control, planning, and direction and depressive disorders. The Federal, Provincial, Territorial Advisory Committee on Population Health (1994) have also acknowledged that "those with more control over their work circumstances are healthier" (p. 18). It has also been noted that unemployed single-mother have increased symptoms

of depressive disorders (Mathiesen, Tambs, & Dalgard, 1999). These symptom were predicated by age, education, and employment status. Education and employment status are linked closely to human capital, which fosters greater control over working conditions (Harris, 1993).

Personal responsibility for finances

The women knew that the amount of money they had at their disposal each month was insufficient to fulfill their needs without assistance or creative means. The women took it upon themselves to develop new strategies to stretch their allowances, for example "you really learn to budget and how to use your money smart on Social Services" (060-631). Cost cutting strategies were also recommended by caseworkers and program staff in response to requests for increased allowances due to hardship. One woman gave an indication of this: "I've told my worker you know like, I've got to pay rent you know fucking 625. Like it just went up a hundred and four bucks. Like you know it went up big and she's like oh move" (013-324). The women felt personally responsible for managing their finances regardless of how inadequate the finances may have been. The government made it explicit that recipients were "responsible for how [they] spend the money [they] receive ... If [their] benefit is less than the income [they had] been living on [they] will need to find ways to reduce what [they] spend" (AHRE, 1999a). The reality, however, is that welfare payments are below the poverty line (National Council of Welfare, 1999).

> *I try to manage it but I can't. I, its so, it goes so fast (643-105).*
>
> *Yeah. Its just enough where I can save a little bit. I like I make it last, more or less I make it last. Try to anyways. Sometimes it works (647-187).*

*The information we've been given yes. Like some of us are good at budgeting but we need papers to go by ...like the money you get and what you pay out like groceries, gas, utilities, personal expenses and all that stuff (756-617).*

Interviewees felt personally responsible for their finances despite the fact that the amount they received was inadequate. The government's implicit assumption behind the inadequate allowances is that welfare recipients should be able to get by on what they receive each month. Programs such as the Food Bank allowed recipients to make it through the month and, as such, there is less pressure on the government to increase benefits.

*Where the money goes*

The money that the women interviewed received through their welfare cheques and Child Tax Credit were carefully allocated to items according to need. The essential items were those that maintained the family such as rent, utilities, and groceries.

*I pay my rent, I pay my phone bill, I pay my light bill and then the rest usually goes for groceries and then on the twentieth we get our Baby Bonus its more groceries (756-85).*

*I get my cheque and then I pay the bills, I pay the rent, I buy the groceries, and then my kids get their shoes, like I bought shoes. They get whatever they need (647-175).*

After these items if there was money left over it would go to items including laundry detergents, clothes and cleaning supplies.

The discretion of the caseworker

Recipients were assigned a caseworker to manage their file. The caseworker approved items such as benefit need for such items as bus passes, daycare, and additional items and the type of programs to be taken by the recipient. In some cases participants had just the one caseworker, in others they had their caseworker and an additional Employment and Client Support Services (ECS) worker who dealt specifically with employment counseling. Participants who had an ECS worker were usually those experiencing the most difficulty making the transition from welfare to work. Caseworkers and ECS workers were not usually trained social workers.

In many cases and on many issues the women did not know how the system worked or what help was available to them. It seemed that in many instances the knowledge of the recipient and the help they received were contingent on the discretion of their worker. In some cases workers were helpful in negotiating programs and services for the recipient whereas in other cases the women felt that benefits were being withheld or that their requests were being ignored.

> *I told them about PACE, that I wanted to go to PACE and they were all for it, for me. They were all for it. Like, they knew I was having gunna have a baby and like before I started PACE but they just wanted to make sure it was for me first (647-646).*
>
> *'Cause you're allowed $300 for employment related. 150 or something for bus fare. Before I thought it was a one time shot and last time I got that was in '90, '94 or something like that. So a while back anyways. And I thought it was only a one time shot and I never asked for it again. 'Cause*

*they don't advertise stuff like that. People, some people don't know about it until they hear it from somebody else. 'Cause they don't advertise it or like everybody's going to be asking for it. It would be good to know (149-254).*

*When I go in and tell them what I think or whatever they say where do you get your information blah, blah, blah. When I say that you know I need help or can you help me with the bus pass they say I don't know where you get your information. We can't do that (156-643).*

*Like my daughter there, she's supposed to be on Ensure or Boost (nutritional supplements) or something. And she (caseworker) said the allowance is supposed to buy that Boost because I'm on treaty... But then I can't figure that out because my other friend she's on Assistance and they're paying for her stuff, like her Boost and stuff like that (249-270).*

*Well before I was getting bus pass money and then I got a new worker as soon as he turned six months old this one didn't want to give me money for a bus pass (665-103).*

With reference to earning wages above the $115 maximum one participant noted:

*Then they should cut you off but they're really good with it and they'll usually just give you an extra $20 to say they are still giving you money 'cause they don't want to have you get cut off until you know, you're gunna keep this job for a while (060-254).*

Whereas another woman with a similar experience noted a different outcome as a result of her increased earnings:

*When I was working and on welfare at the same time, you know, I wasn't making enough to cover my basic needs and stuff right so welfare was subsidizing me right. And there was one month where I made $5 over what I was supposed to be allowed to make right and still get subsidy right. But I made five bucks over, so they cut me off. And they wouldn't help me again (013-449).*

Arbitrariness of decisions worked to frustrate and demoralize welfare recipients, ultimately subduing them as recipients could exert very little control over this aspect of their life. The women knew that some workers would or would not provide them with benefits. Often recipients were denied help while others in similar situations were granted benefits. This transformed the women into passive recipients of programs and policies. Once again, powerlessness and lack of control likely impacted on the health of single-mothers on welfare. "People who are powerless, who lack control over their destinies, are more susceptible to ill health than those who are powerful" (Wiebe, MacKean, & Thurston, 1998, p. 171).

*Good and bad workers*

While many of the women said they currently had good caseworkers many also said that they had had bad workers in the past. Comments the women made about their past and present workers are as follows:

*My ECS worker helped me there. She helped me a lot. Except I got a new worker and she's a bag (249-267).*

*The worker I have right now and the worker she's sending me to and stuff, they're really good. Like, they bend over backwards trying to do whatever*

*they can you know. But I never know if I'm gunna have them again, so you know. Don't get attached to them or you might get some miserable old coot! (013-724).*

*I've had I only had one social worker that was not very, that I didn't like. The rest of the ones I've had have been ok (756-355).*

In summary, the women appeared to be in a precarious position. Their livelihood depended on the benefits they received from Social Services, yet these benefits often seemed to be administered arbitrarily. The amount women received was inadequate to provide for their family yet they were often denied additional benefits. In order to survive the month mothers needed to not only comply with the requirements of the welfare system but they must also negotiate family, friends, and agencies for the additional support they required.

Doing What You Have To Do To Survive the Month

As the women stated, their benefits were insufficient and they needed to come up with strategies to survive the month. Their food allowance usually got siphoned away to cover the short fall on allowances for bills and rent. Providing food for their children was the number one priority. To achieve this women had devised a number of strategies.

*Sometimes as soon as I'd go through the food I had I didn't eat very much as well. I got into the habit of not eating very much (665-70).*

*Half of the time I don't eat. Yeah. Don't eat 'cause well if I eat then you know there's not enough food for the next day (013-20).*

*I've lost a lot of weight since I've been on Social Services because I mean like I said I haven't had the money to buy a lot of food (156-194).*

*You know why can't you get ketchup for Christ's sakes. Most of the people I know that are on welfare go to McDonalds and if they go to McDonalds on that sixty-eight or fifty-eight cent hamburger day they steal thirty or eighty packets of God damn ketchup which should not have to be done just so they have ketchup for their kids during the month (156-371).*

Weighing the benefits of living in public housing as opposed to leasing an apartment was another choice women could make. In public housing the entire rent was paid but the recipient must pay the full amount for all utilities except water.

*If you're making 398 on your welfare for rent then that's what they charge you for rent. They don't charge you more than you actually get. But then you still have to pay your bills, your utilities, all of them. And you can't live in one of their places and have like your water shut off or your power shut off or anything. Nothing can be shut off because if it is then you get an eviction notice. You can never go back (013-648).*

At least four women indicated that they lived in public housing. This situation was beneficial for women who could not come up with a damage deposit or whom landlords would consider a high-risk. Women both in public housing and living independently noted:

*I never applied because I didn't like their rules. Like if you have company for three or four days you've got to pay extra. You got to let them know. Its*

*worse than where I'm living so I may as well keep suffering where I'm living (249-226).*

*I don't know. I didn't feel comfortable living in one of those places though. Because you have to every month show them what you make. Every month you have to prove to them. Every month you have to, you know, you have to (013-664).*

*(Public housing) they treat me basically the same way Social Services treated me. We're doing you a favor is basically their attitude. Instead of being nice and everything its like we're doing you a favor (665-248).*

Paying for unscheduled items such as winter jackets for the kids, shoes and Christmas presents were times when the budgets of women were stretched to the limit. As one woman said "in the winter my house is really cold because I'm on the outside of the complex. But still like. Then I usually go down to the emergency robe service for jackets because I can't afford new jackets for them (249-246)". Another woman when referring to the fact that she gets her child's clothes from the free clothing exchange said "I can't afford to buy my daughter shoes for crying out loud. And she's growing. I will not make her wear second hand shoes or underwear (156-220)". If items within the house break some women had means, either through family or through small amounts of savings, to replace them with second hand goods. Others, however, had no means and if something broke it was simply not replaced. Most of the furniture in the women's houses were second hand and broken along with much of the fixtures. Some women had very little furniture and only bought bits and pieces when they could afford it. Most women

indicated that they were behind on bills. Some had managed to catch up. One woman was in a dire predicament facing eviction at the end of the week if she did not find a job.

In summary, the women were required to continually report their income and living arrangement to Social Services to ensure they were not getting more money than was warranted. The income they received from Social Services, however, remained inadequate to provide for the women and their families. The women had to find additional sources of in-kind benefits such as Food Bank hampers, free rides, washing or childcare from agencies, family or friends. The women were thus forced to devise creative strategies to survive the month, yet they felt personally responsible for managing their money and making it last throughout the entire month. The women relied on their social health to access social networks from whom they could acquire goods and services. These items then allowed the women to buy more essential items, fostering their physical health. Their physical health was, however, diminished by the fact that the women did not eat in order to save money and lived in sub-standard accommodations. Additionally, the stress of trying to juggle their tight budgets while relying on inconsistent favours and donations from other women living in poverty likely acted to the detriment of the women's mental health.

# CHAPTER 6

## Being a Mother

Critical analysis revealed that the mothers interviewed had control over a number of resources. These included they way in which they cared for their children; their living arrangement; and in some cases the type of Welfare-to-Work activities they participated in. Often the choices women had were limited by the options afforded to them by government policies and programs. The choices they did have, however, most often revolved around the best interests of the child and being a mother. Being a mother was an important role fulfilled by the women interviewed. When asked about what they did in a normal day each woman described the process of getting her children ready for the day and caring for them throughout the day until they went to bed.

> *A normal day. Its get up in the morning, get the kids ready, feed them, take them to school. Then come home clean house. You know, take care of the baby. Pay bills, go grocery shopping if I have money and that's pretty much it. Pick the kids up from school. Feed them. (013-3)*

As one women stated in relation to her daily routine: "it might not sound like a it's a like you know, too much of a hectic day but usually I want to pull my hair out" (060-31).

From the above description the components of a normal day a mother must negotiate become apparent. The components included waking, dressing, feeding, and transporting their child or children. The components the women discussed in detail were

feeding their children; transporting them to and from school/daycare or around with them throughout the course of their normal day; and supervising their children.

The Child's Schedule

The children of the women interviewed had schedules that dictated the mother's activities. Naps, meals, school and daycare schedules have fixed times and are what Barnett & Schen (1997) refer to as "high-schedule-control tasks" that must be performed immediately when required in order to avoid adverse consequences.

Naps and meals consume much of the day for single-mothers with young children as the following excerpt describes:

> *First thing in the morning is his breakfast and then he's usually done by nine o'clock. Two hours later you've got to feed him lunch and then you've got to put him down for a nap at noon. So you really can't do anything first thing in the morning. He doesn't get up until two o'clock in the afternoon...then its time for a snack by three o'clock. By the time he's done eating its usually three-thirty, maybe four (060-74).*

While older children may not have to nap they have other requirements that are just as rigid. Children needed to either be picked up or met after school. Failure to meet a child at the school bus resulted in the child being dropped off at either the Police Station or a child welfare agency. The two women whose children take the bus home from school explained the importance of being there to meet the bus:

> *Well, when my other two are in daycare I have to hurry go get them and then hurry home 'cause my daughter gets home at twelve and I have to be*

*there before her bus gets there otherwise she goes on a big trip and gets really upset (647-56).*

*I have to be there for my daughter's school bus. So I'd rather be there than explain why I wasn't home and picked them up at the Police Station. That's not really something I want to do (756-201).*

While access to daycare did allow the women more flexibility during the day only one participant had regular daycare at the time of the study. This woman worked at the recruitment agency's daycare as an ACE employee and her child was able to attend during this time. Four of the 9 women had access to the agency's free daycare while they were in programs. Each woman would use the daycare approximately two days a week. The remaining four women had no access to daycare. One woman's child had just commenced school full-time while the other three women had at least one child with them most of the time.

Always being with the child

Always having one child with them was a constant strain on the women interviewed. Having only limited daycare access, during which time they must have been participating in a program, gave the women no time alone in which they could relax. Comments various women made were:

*It's just difficult being a single-mom. It's just always being there with the child. All the time. No breaks" (665-311).*

*I always have one kid with me when I go somewhere and I get my sister, she just lives a couple blocks away from me to baby-sit. Or they go to their grandmother's. So, I always have one child with me. Always" (647-266).*

The continual attention children require can lead to both boredom and stress. The women spoke of the isolation they faced as single-mothers and also of the stress of their everyday lives.

The Provision of Childcare

The provision of childcare was one of the most difficult aspects of single-motherhood. The women wanted to be with their children to provide them with quality time but at the same time they needed a break from their children and wanted to advance themselves through work or schooling. Deciding who was going to take care of their children was a perplexing decision each of the women interviewed had to face. Mothers who were afforded daycare allowances had the choice to put their child in private daycares or to have a nanny or babysitter take care of their child. Mothers who had had previous dealings with a daycare were more likely to put their children in a private facility whereas those who were yet to put their child in daycare said they would rather have their child minded by a babysitter. Those women who were not granted daycare allowances could choose between familial or friend babysitters or taking their child with them. Before and after school care was another option women could choose if their school or training programs overlapped their child's school hours and if Social Services provided support.

Many women were quite happy with the daycare they used when funding permitted. They were happy that their children liked the staff and had friends there with whom they played. Trusting the daycare staff was another issue that determined whether

mothers were more likely to send their child to a daycare when funds permitted. With reference to having to find a new daycare the ACE daycare worker noted:

> *I don't really want to think about it right now because I don't want him to go. I mean he knows (worker 1), he knows (worker 2). He knows all the girls there and the idea of taking him out and taking him to a daycare with people he doesn't know is just. I don't know (665-146).*

Other women commented on trusting daycare staff also. Their responses follow:

> *You pay for a sitter because I won't send my kids to a daycare 'cause in a daycare they're not watched you know (013-182).*
>
> *I need to find a very good daycare first because I really trust my family and friends to watch over him because somebody that I know and I can't really come and drop by every time just to see how daycare is (643-254).*
>
> *I'll have to put her in daycare in the morning and after school. I will not know where to put her because half of the daycares out there have these weird people working in them that I've checked out and I want my child watched properly. I am not going to feel safe leaving my child in a place where she's not looked after (156-582).*

One alternative to professional daycare is having the child looked after by family and friends. The limitations to this strategy are time and money as one mother explained "its very hard because you always have to find a baby-sitter and you always have to pay the baby-sitter" (643-265). Reciprocal arrangements had been made between several of the women interviewed and other mothers. It was common to exchange baby-sitting with

each other or to exchange baby-sitting for such items as transportation or use of a washing machine.

> *I don't pay a babysitter. (Name), my next door neighbor watches him for me. If she needs a baby-sitter I watch hers. That's just the way it goes (060-608).*
>
> *I baby-sit for her the majority. Well, she takes me places like she takes me to (store) to get a better price and she takes me back and forth to here. So, and then I'll help her for odds and ends like she's letting me do laundry at her house so what I do is I'll take her kids and let her do whatever (756-644).*
>
> *I got my friends to watch my kid but eventually your friends say I want some money for this if I'm gunna be doing this every single day for four hours a day. I don't know. I want some money! (013-171).*

The extended family was used extensively as a source of baby-sitters if mothers needed to travel or needed a break from their child. Those who were able to rely on family seemed "better off" than those who did not because family were less likely to be paid for baby-sitting and if they were paid, they cost less.

> *The only person I can get to baby-sit for $15 while I'm gone for like four hours if I had to go downtown would be my sister. That's the only one who would do it. If it was anybody else they wanted 30 bucks. That was it (647-461).*
>
> *Most of the time I ask my younger sister to watch (baby) if I really need to go somewhere and I can't bring him (643-140).*

Similar to results found in a U.S. study by Heymann and Earle (1999), a major problem faced by women in training programs, school or work was what to do with a sick child. Sick children were not allowed to go to daycare and this caused a lot of problems for mothers.

> *But its hard because in the daycare they don't take the babies if they have a fever, if they have diarrhea, whatever so its really hard for me 'cause then I have to find a babysitter or I just can't go (647-137).*
>
> *I was like working at the time and whenever he was sick my mom would take him. 'Cause she was on leave so it was perfect. 'Cause daycare doesn't like to take sick kids 'cause then all the kids get sick and its just this ring around circle (060-419).*

Quality time with the kids

Many women reflected upon how being in programs had impacted upon the amount of quality time they got to spend with their kids. Most said that school, work or training programs reduced the amount of quality time they had but that weekends were family time.

> *And then when you are working and the kids are in daycare you don't get to see them that often. You get to see them maybe three hours a day. If you're lucky (060-330).*
>
> *I won't be able to spend as much time with my kids and they'll be really really I don't know what you call it, not stressed, but really aggressive because I'm not home and they'll be wanting to spend time with me and I don't know. I'll be stressed out big-time (647-194).*

*They go to daycare if I'm working. Last year I missed out on a lot because I couldn't take them to field trips they have here. I felt bad because I couldn't do nothing with my kids because I had to work (149-397).*

Children may differentially be benefited by their mother's receipt of welfare depending on the Welfare-to-Work program the mother was involved in. Mothers who were in part-time training programs or job-seeking activities often had plenty of time to care for and spend quality time with their children. Those who attended school full-time or had full-time training programs or ACE positions had less time to spend with their children. The women interviewed were frustrated by a lack of quality time when working, schooling or in demanding programs. Many also spoke poorly of the quality of daycare facilities, which may mean that they had had an experience in which they felt their children were not sufficiently cared for in such establishments.

The mental and social health of the women's children was positively or negatively affected depending on what activities their mothers were required to participate in. Some mothers were enrolled in programs in which they learnt positive parenting techniques. Daycare and preschool programs that could positively impact on the social and mental health of children were contingent on government approval, however, these were often deemed unnecessary. Mothers tried to ensure they had quality time with their children but their participation in Welfare-to-Work activities determined the extent to which this occurred. Other than noting the children would be badly behaved if the mothers were constantly absent and the quality of daycare providers, the women did not make any explicit connections between quality time and their children's health and well-being.

The Boredom of Single-Motherhood

Seven of the 9 women spoke of being bored by being at home with their children. Having to constantly attend to their child's needs gave them little time to do anything of interest for themselves. When asked what happens in a normal day, one woman responded "its just bloody old boring!" (149-142) and another replied "Nothing!" (249-6) before reeling of a list of activities associated with caring for her kids.

The women were isolated at home often with no reason to leave the house. It is this social isolation that appears to contribute to the women's boredom. Upon entering the recruitment agency for the first time one participant was asked what help she required. She replied "I'm just looking for something to do. I'm sure bored. And they gave me a welcome to PACE. Gave me a reason to leave the house" (665-337).

The Stress of Single-Motherhood

Continually caring for the child with few breaks took its toll on the women. They spoke about the stress of single-motherhood associated with constantly being with the child and valued any breaks they had away from their children. When asked about the difficulties of single-motherhood one woman replied "its really hard like I get stressed out to the point where I'm crying on the phone to my mother and I just can't take it anymore" (647-161). Another responded "There's no way to even describe the stress in my life. Its just Rrrrrr!" (665-433). The stress associated with being both a single-mother and a welfare recipient is discussed in chapter 7.

The Independence of Single-Motherhood

One positive aspect of single-motherhood for these women, particularly the younger women, was their independence. Many had lived at home prior to becoming pregnant, others had recently separated from their partner. In general they liked living on their own and were not about to return home or to a relationship in the near future.

> *My worst experience was when I brought my son home. I brought my son home from the hospital. My mom didn't want me to do anything to him. Like, she'd bath him and everything (643-533).*

When asked why she had moved out the same respondent replied, "I wanted to take a higher responsibility" (643-541) and later she noted "I would really have to like really thank Social Services for the help that they have 'cause if it wasn't for them I wouldn't like be here. I'd be at home with my baby and my mom would be looking after it" (643-595).

Another respondent made a similar reference to her family:

> *I moved out with my daughter, my first, the first time I moved out. I thought I was going to you know, I wanted to be on my own. I didn't want to be with my mom and my sisters and the whole works" (647-320).*

One respondent who had lived alone for many years said "I would not be able to ever move back in with my parents. I've had that just little just sniff of freedom and its just too great" (060-837).

Critical analysis revealed that the independence the women spoke of as single-mothers was afforded to them by the government. Women choosing to live alone or separating from a partner were eligible for welfare benefits. This allowed single-mothers

to decide on the family structure they wished to live in and liberated single-mothers from parental or spousal oppressors. Single-mothers receiving welfare, however, must be prepared to subject themselves and their families to living conditions below the poverty line and, as was described previously, the control of the state.

Eligibility for Welfare Benefits

In Alberta, citizens receiving welfare are broken into two groups: the employable and the unemployable. Those who are employable are required to participate in Welfare-to-Work activities. This classification system has implications for single-mothers who are seen only as unemployable mothers until their youngest child is six months of age. After this time women become employable workers. Such a dichotomy may be problematic for single-mothers as is discussed below.

Haney (1998), Harrington Meyer (1996) and Sainsbury (1996) argue that women's eligibility for government economic support is dependent not only on their membership in society but also on their role in society. It is claimed that women confer eligibility based on three social roles: wives, mothers, or workers. "As wives, women receive their benefits due to their connection to a male breadwinner and their care for him. As mothers, women are afforded benefits due to their maternal responsibilities and their care for dependent children. As workers, women are granted assistance due to their labor market status and wage-earning capabilities" (Haney, 1998, p. 752). The current Alberta welfare system illustrates the presence of this classification scheme. Recipients are classified according to their "relationship to the labour market" (AHRE, 1999a). The four streams clearly separate most female recipients into wives, mothers, and workers.

Assured and Transitional Support classify women as mothers. They are defined as the "unemployable" until their youngest child is 6 months of age and grouped with other recipients such as the mentally or physically disabled, those over 60 years of age, and those who have recently left an abusive situation. Those in Transitional Support will be re-classified according to their societal role once their designated period of transition has expired. For single-mothers, once their youngest child is 6 months of age, or after their negotiated period of adjustment is over, these women will be reclassified into another SFI stream.

Those who are deemed eligible to receive Supplements to Earnings can be viewed as those women occupying the worker role in society as they already attract an income, albeit an insufficient one. Those who receive Employment and Training Support are expected to occupy a worker role while receiving assistance and move into the workforce after completing their training.

Women may receive welfare benefits as a wife if they receive Supplements to Earnings. In this case their husband's income is insufficient to provide for the family. Those receiving Supplements to Earnings are expected to "look for ways to increase their earnings" (Gorlick & Brethour, 1998, p. 205). One strategy could be for a the wife to move into the workforce.

The same classification system is used for males and females. However, it is because women are at greater risk of poverty (National Council of Welfare, 1999) and because primarily women receive welfare (Harrington Meyer, 1996; Little, 1995; Miranne, 1998) that they are differentially affected by Welfare-to-Work policies. The situation presented above, where women are classified on the basis of their role in

society, is problematic in that it negates the complexity of women's lives, the variability of roles across the life-span, and the desires and choices of women. Schellenberg & Ross (1997) note that "nearly 60 per cent of lone parents were outside of the labour force for all or part of the year ... Many lone parents cited their household and family responsibilities as reasons for this" (p. 7). The women in this study commenced or resumed welfare receipt primarily due to childbearing and rearing responsibilities.

As participants in Alberta Welfare-to-Work activities, women are required to return to work or job-seeking, training or school as soon as their youngest child turns six months of age. This negates the role of the mother as a legitimate reason to need and warrant assistance beyond the first six-months of the child's life. Women continuing to receive assistance are required to participate in Welfare-to-Work activities, emphasizing the expectation for them to assume the worker role.

Negation of the caregiver role

As women complied with Welfare-to-Work policies they forewent much of the time they had devoted to caregiving responsibilities. The necessity to undertake caregiving duties such as caring for sick children, however, did not lessen. This is due to the inflexibility of these items, i.e. the need for immediate action on the mother's behalf. To remedy this situation, working mothers of all backgrounds, it has been noted "often use their sick time or vacation time to handle everyday predicaments or children's sicknesses" (Milkie & Peltola, 1999, p. 480). This differentially impacts upon poor women as they do not have access to such benefits as flextime or sick leave which makes taking time off work to care for a child more difficult. As such, the types of jobs poor women get seem "to be tailor made for people who will be moving in and out of

employment" (Phillips, 1997, p. 14). The hours single-mothers contribute to work and work related activities diminished the time they had available for caregiving (Heath, et al., 1998). As such, time consuming Welfare-to-Work activities made fulfilling these two roles even more difficult.

The Alberta government has legislated for welfare recipients that dependents are those children under six months of age. It is, therefore, implicitly assumed that once a child reaches six months of age they no longer require full-time care by a stay-at-home parent. In turn, it also implies that once a child reaches six months of age a mother should return to the workforce. Poor, unmarried women in particular, due to their poverty and high incidence of welfare receipt, are denied the opportunity to decide whether they would prefer to care or work full-time or combine the two activities on a part-time basis. As a condition of welfare receipt, or for economic survival, these women must participate in Welfare-to-Work activities or enter the workforce. In the U.S., former welfare recipients who did enter the workforce usually attracted wages so low (Gideonse & Meyers, 1988; Miranne, 1998; Riemer, 1997) that they needed to work at least full-time in order to be able to support their families. In Alberta recipients who find work which does not provide a sufficient wage may receive an income supplement. In this stream of the SFI program, however, the government aims to maximize recipients' wages by, among other strategies, increasing the number of hours they work (AHRE; 1999c; Gorlick & Brethour, 1998). This situation does not remedy the problem of the number and types of jobs available to low-income single-mothers.

The Alberta Welfare-to-Work policy differentiates between married and unmarried women. Women living in a traditional family arrangement more often have

the choice to be either a breadwinner or a caregiver. This choice is available only to women in families in which the husband attracts a wage large enough to support his wife and children. This is known as a family wage (Creighton, 1996; Mutari & Figart, 1997). It must be noted, however, that in the past few decades the earnings from the husband alone have become largely insufficient to support a wife and children without spousal or government income support (Fraser, 1994; Heath, et al., 1998; Land, 1980). Single-parents, of which the majority are female, cannot usually match the income of dual-earner families as "traditional responsibilities for child care and domestic labour ... limit their ability to take on employment" (Schellenberg & Ross, 1997, p. 7). This contributes to their over-representation among low-income families and their reliance on the government for supplemental income support. Single-parents are then penalized for receiving assistance, and are required to work towards entering the labour marker in order to receive welfare benefits (Fraser, 1994). This ignores the cause of single-mothers need for welfare, as "access to the labour market [is] not the only reason for their poverty status" (Schellenberg & Ross, 1997, p. 7). Separation from a partner and wishing to remain at home with their children in a single-parent family are other reasons why women rely on welfare.

The current welfare system has not been able to adapt to the changing lives of women, particularly the increase in single, female-headed families. Due to weakened family ties, women are now less dependent on males as the traditional breadwinner and more dependent on the state for economic survival (East, 1998). This change, however, has not been one accepted openly by the state who, it has been argued, penalizes women who do not live within a traditional family (Seccombe, et al., 1999). In the U.S. in

particular, the state has tried to recreate a modified version of the nuclear family and reinstate normality in social roles as these "husbandless mothers [challenge] the rules of both capitalism and patriarchy ... To make this "deviant" family approximate the "normal" one, [the state] substituted itself for the male breadwinner, judged female-headed households harshly, and subject them to strict control" (Abramovitz, 1996, p. 313). In Canada, this ideology is not an explicit component of welfare policy, however, programs such as SFI in Alberta employ many of the same strategies used in the U.S. to explicitly achieve similar ends. As Morris (1996) notes with regard to Welfare-to-Work policies in general, "quite clearly here we see a social control dimension of welfare, but which oddly enough seems not to address the real concern expressed in the debate which centers on the alleged withdrawal of young men from the labour force. It is ironically a solution which, at least in traditional terms, brings women's work role and family obligations into conflict" (p. 164).

It has been instituted through the dominance of economic rationalism as a societal norm that the breadwinner role is more important that the caregiver role and that the caregiver role can be "outsourced" to a professional. "Caring for one's own children at home is no longer considered to be real "work" in Canada (although it is considered to be "work" to care for someone else's children)" (Baker, 1997, p. 37). Caregiving jobs are often low paying and are usually assumed by other woman (Fitzpatrick & Gomez, 1997). Such jobs the women interviewed spoke of were working in daycares, as waitresses, and in school cafeterias. Women's entrance into the workforce has resulted in a shift in their normative roles. Today's society "has become increasingly accepting of mothers of young children who work and increasingly unaccepting of poor mothers of young

children who do not work and who rely on welfare" (Harris, 1993, p. 318-9). What this has led to is the institutionalization of the caregiver role in society and the dominance of the provider role (Seccombe, et al., 1999). This may be due to the phenomenon where "the world of "male" work seems more honorable and valuable than the "female" world of home and children" (Hochschild, 1997, p. 11).

With respect to health, the women put their children and their family above their own personal needs. This ensured the survival of the family but likely has a negative impact on the physical, mental and social health of the women. The women spent a great deal of time and effort trying to be good mothers to their children. Trying to do this in the face of adverse financial barriers, such as not having enough money for socks and shoes, weighed heavily on the women, likely diminishing their mental health. Relying on social networks may have alleviated some of the emotional burden as they knew they were not alone in their situation. Reliance on these social networks was, however, a survival strategy for the women rather than an attempt to foster their health or well-being.

# CHAPTER 7

## Being a Single-Mother on Welfare

Being a single-mother on welfare entailed negotiating the welfare system in order to provide and nurture one's family as described in the previous two chapters. The current state of the welfare system both fosters single-mother's ability to undertake these dual roles while at the same time hampers their ability to perform these activities well. Mothers are fostered by the welfare system as they receive an income at a time when they have little or no financial support from elsewhere. While mother work, go to school, or attend programs, they sometimes receive daycare allowances which make balancing the roles of mother and worker more manageable. On the other hand, the denial of daycare to some mothers makes balancing work or work related activities with raising a family problematic. If mothers do not succeed in balancing these two roles there are two consequences: the removal of the children due to inadequate care or the denial of welfare benefits due to inadequate advances towards self-sufficiency.

For women, the roles of mother and worker may be seen to be in competition with one another. "Time in one role may be equivalent to neglect of another role" (Milkie & Peltola, 1999, p. 480). It is for this reason that a women must juggle both roles by moving in and out of the workforce and by income packaging, defined as "combin[ing the] resources from men, the market, and the state" (Miranne, 1998, p. 211). Edin and Lein (1996) have stated that family economics were the primary problem mothers faced when trying to move from welfare to work. Neither welfare nor work paid enough money to support single-mothers and their families. Women on welfare, including the women

interviewed in this study, combined cash and in-kind benefits from "network members, community groups, and local charities" (Edin & Lein, 1996, p. 254) to provide income to supplement their labour market or welfare income. These services would be used to supplement income but would be hidden from welfare caseworkers for the women's fear of having their benefits reduced. Women who were required to enter the labour market, however, had less time to pursue these supplementary sources. Working also had greater associated costs such as uniforms, transportation and daycare and often provided less than welfare in the way of benefits. This created a situation where women may have been worse off by entering the labour market.

Welfare-to-Work Activities

'Employable' welfare recipients must participate either in work experience or training programs or must undertake job-seeking activities. Failure to meet the expectations set by the caseworker will result in being 'cut-off'. This threat was very real to the women interviewed. Another woman notes, with regard to a training program she was asked to take when she was eight months pregnant,: "my worker was saying you know you have to take this or else they're gunna cut you off. You have to" (013-265). A further women, when asked what would happen as a result of her missing a one-day program due to not receiving the agency address stated, "I don't know. I hope they don't cut me off" (149-16). A third woman who was required to be job-hunting remarked, "I don't like it but I mean there's nothing I can do about it. I mean I'm not just gunna sit there and go no way, forget it, 'cause then you know what will happen. I'll get cut off" (060-126).

School

Four of the participants had enrolled in schooling after being on welfare. Those who were in school were required to take out a student loan so at that time they were not classified as welfare recipients, nor did they have to comply with the welfare requirements. Some had found the process of obtaining the student loan simple whereas others saw this as problematic. The student loan first needed to be approved and then four to six weeks later the money was deposited into the student's account. For welfare recipients returning to school the caseworker may cut the recipient off welfare benefits at the time the student loan was approved or wait until the time the money was actually deposited into the recipient's account. Recipients who had their benefits cut off when the student loan was approved had at least a month to survive with no income at all. In at least one case this made school an impossible option.

Eight of the nine women interviewed stated that they wanted to go back to school. Reasons for this varied from the immediate impact of receiving more money on a student loan and not having to deal with Social Services to long term goals of getting a good job. Some of the comments women made were:

> *So they give you money. Just enough rent, utilities, groceries and spending money. I forget how much it was for me. I know it was 10 times more than me being on Social Services (060-720).*
>
> *Like my girlfriend she was getting $2700 a month whereas on welfare she was getting 830 something. Its just ridiculous. Like yeah, its beneficial to do that (013-486).*

*I want to go back to school. I want to find something where I can make enough money that I don't have to go in there and look like a jack ass to them because they feel like they're giving me the money out of their pocket (156-554).*

*I was going to school and I was coming back to school in September so that then I'll be off Assistance (249-258).*

*I hope to step to a higher place, like get something done. I think I need my education to do that (643-218).*

*I want to go back to school. I've only went to grade 9, so I really want to go back to school again. 'Cause I want to become a Social Worker (647-205).*

Education was a positive influence for the single-mothers interviewed in terms of physical, mental and social health with few negative consequences, such as stress, in the short term. In the long term, however, the women not receiving a government 'Canada Study Grant for Students with Dependents' (Alberta Learning Information Service, 1999; Gorlick & Brethour, 1998) were required to pay back their student loans. This will have enormous financial implications when they enter the workforce. The money women received on a student loan or grant, however, was a lot more than they received on welfare. This relates to income and social status as a determinant of health as with more money, the women could better afford to take care of their physical health needs. With respect to mental health, daycare allowances afforded to the women through their student loans gave them breaks from their children. More money also relieved the women of the worry of trying to make ends meet. One negative aspect for mental health was that the

women said they were or would be "stressed out" by being at school as they would be very busy. It would also reduce the amount of quality time they spent with their kids.

Training programs

Three women were in a training program called PACE (Personal and Community Enrichment) run by the recruitment agency. An additional two women had taken the PACE program previously. All but one woman interviewed, who had only been required to job-seek, had participated in some kind of training program in the past.

The types of training programs participants had been involved with varied. Most had participated in life skills programs, including the PACE program, where participants learnt about such items as self-esteem, budgeting, stress management and parenting skills. Other programs, more closely related to employment, focused on customer service and creating a schedule to manage family and work life. Two participants spoke of job-seeking programs involving resume preparation and interview skills. One participant had completed a two-month full-time craft program.

In general participants liked being involved in programs. Three participants had voluntarily registered in the PACE program. Programs such as PACE, targeted at recipients with little or no attachment to the workforce, focused on personal issues. This program gave participants a reason to leave the house, a social support network, and made them feel good about themselves. Several participants commented on this:

> *It was actually really good honestly 'cause I had people I met in PACE were there to help support me and when I went through that time. So I mean it was actually really good for me 'cause I had a support system*

*here. It was also the fact that I was I still had a reason to leave the house (665-480).*

*I started on the twentieth of September and I've enjoyed it ever since. I really enjoy it. I like doing what we're doing in our housekeeping and our life choices and its quite interesting (756-60).*

*I've been here since September and I was very excited and I was always happy to be here. It was I don't know. It makes me get up, feel great about myself. We laugh, we joke around. (643-390).*

The women that enjoyed their programs more typically volunteered to be there, such as one woman who was receiving Assured Support, or at least had some control over the type of program they were being entered into. When participants had less choice and perceived they were being made to undertake a program of little value to them they were less receptive:

*I've been to some programs at (place). I completed them. But I've never really. Some I found good. The other ones, like the job search work. I don't know. I find nothing there because I never got a job (249-349).*

*It was a craft thing and I couldn't figure like. And you can't miss any days. Yeah. Of course I can make stuff. Yeah. But I mean, they don't care. As long as they're getting you to jump through their hoops they don't care what (013-277).*

Alberta Community Employment

One woman was in an Alberta Community Employment (ACE) position at the daycare associated with the recruitment agency. This is a six-month full-time position

subsidized by Social Services "designed to instill, enhance or maintain work-related skills and attitudes" (AHRE, 2000). The woman worked seven hours a day, five days a week at a rate of seven dollars and hour plus benefits. The agency contributed one dollar per hour towards the cost of the employee. Each welfare recipient is allowed to hold one ACE position during his or her total time on welfare (AHRE, 2000). The participant pointed out that after completing the six-month work period on ACE she qualified for Employment Insurance. The woman did not feel that her being in the ACE position was the same as being on welfare. She noted "because I got into ACE I went off Social Services" (665-62). Possible reasons for this attitude may be that she no longer needed to submit Client Reporting Cards during the time she was in the ACE position; because she made more money; or because her pay cheque came via the recruitment agency rather than from Social Services. She compared being on ACE to being in the PACE program:

> *The difference also is when I was on PACE I was on Social Services still and now that I'm on ACE I'm getting paid a lot more than I was on Social Services. Almost double (665-373).*

Job-hunting

Five of the women spoke about their experiences of job-hunting. One woman spoke about the number of jobs she needed to apply for each day: "Five to seven in a day I'm supposed to look for like, applications in. Five to seven a day" (149-218) whereas another woman spoke of the lack of monitoring how many jobs are applied for: "No. There's no way they can know that. If they did then I'm pretty sure I'd be cut off" (060-287). One participant about to begin job-hunting activities commented:

*That's going to be fun (sarcasm). Going out and actually having to look for a job again. Having pressure on me by Social Services to look for a job. All I know is they pressure. That's what I've been told. They'll pressure. As soon as he turned six months old I got a phone call from them asking me, basically telling me you have to go to work now. I said 'but I'm in the PACE program. I'm in PACE. I do not have to look for a job'. 'Oh, when does that finish?' 'June'. 'Ok, but at the end of June you have to look for work' (665-47).*

Working

Participants who had worked tended to have numerous short term jobs interspersed with their bouts on welfare. One participant listed her recent work history: "Well I was at PACE until April 26th last year and then I got a job with (company) until lets see October. Then after that I was working with daycare for a month then on welfare for two months".

The loss of daycare subsidy, when making substantially more than when on welfare, posed a problem as daycare then either needed to be paid in full or alternate childcare needed to be found.

*So I did work but then it never did really last very long because of I'd always have to find a babysitter for him. If a babysitter's like, 'no, sorry can't do it' then I'd phone work and say, 'sorry. My son has to come first or unless you want me to bring him in there with me'. So that job didn't last very long (060-98).*

*I was working for about three months in that time. I was working at (company) and it, they just didn't like my work I guess. I was a cashier... I had to get a babysitter. A live in babysitter. So that was really, really hard. Like because she'd go partying one night and not show up for when I had to go to work so it was really, really, really hard and that's why I missed like um a day or here like a day once a month or something. I missed at least a couple days a month (647-418).*

Consistent with findings from Canadian and U.S. research, the jobs participants did attract tended not to have benefits associated with them and were often part-time, casual or seasonal as the following excerpts exemplify:

*Waitressing all my life. I'm gunna try roofing though. Pays more money and that's only seasonal though (249-217).*

*I would want to get off of Social Services and to get off of Social Services you need to be full-time and plus full-time is where you get benefits. You don't usually get benefits for part-time (060-307).*

*Its hard because I have no coverage and as soon as I get a job or something welfare cuts me off. I don't have no health coverage and I have to pay daycare. Daycare's 450 and that's a lot (149-44).*

Welfare-to-Work Allowances

Two main types of allowances could be extended to people involved in Welfare-to-Work activities. These were bus passes and daycare allowances. Whether or not an individual received these allowances depended upon need, the discretion of the case

worker and the type of activities they were involved in. Two types of Welfare-to-Work activities warranted the allowances whereas a further three did not. If a participant was involved in a program and needed to take the bus there and back a bus pass would usually be provided. Daycare could be arranged during the times the mother was in the program and children were not in school or other activities. Participants who attended programs at the recruitment agency had free daycare provided by the agency available to them during these times.

Participants who returned to school could arrange allowances for bus passes and daycare through their student loan. The parent would need to pay the parent portion of the daycare fees as this was no longer covered by Assistance. As stated earlier the allowances given at school were substantially greater than that of welfare so covering this expense did not seem to be a problem for most women.

ACE participants would not normally have their bus pass or parent portion of their daycare covered as they were making well over the assistance limit per month. The one ACE participant in the study worked at the recruitment agency daycare and so was able to bring her son to work with her everyday.

Welfare recipients who did move into the workforce and who earned more than the maximal income allowance again had to provide their own daycare and bus passes. This posed a barrier to some women as daycare fees are quite high. As one woman noted:

> *I was making what $1400 a month. Close to that and then they cut me off and I had to pay for my own daycare fees and that's 450 so then you're back down to like 950 a month. Which isn't that great (149-175).*

Women who were looking for work faced the toughest barriers. Although they were on welfare, and thus receiving barely enough to live on, they had to provide their own bus passes and daycare if they did not wish to take their children job-hunting with them. This was a continual source of frustration from women as the following excerpts show:

> *Ok, to get a job I have to go put in applications, course toting little kids with me everywhere I go you know. Interviews! Which you know, kids again! Bringing them with me and the chances of hiring you when you're dragging around kids for you know finding work is next to none because of the fact that well, if you're bringing them around before you're working they're gunna be here all the time when you're working (013-188).*
>
> *I try to get out there and I try to look for a job but its really hard especially now they've taken my daycare away. 'Cause its hard to look for a job when you've got a kid cause you can't go inside a place and drop an application off when you've got a kid hanging on your leg. And then when they call you for an interview what are you supposed to do with your child? (060-5).*
>
> *They told me I was supposed to job search work by at least 5 or 7 in a day. But how am I supposed to do that when I don't have childcare? Its not going to look good for me to go looking for work with my kids (149-214).*
>
> *When you're trying to go out somewhere and go look for a job and you don't have no-one to watch your baby its like everyone is busy and you need daycare and they won't give you support for it (643-151).*

Making daycare and bus passes contingent on the type of program recipients are registered in is another means through which the government reduces its expenditure. It also placed a degree of control on the participants who could push to be allowed in to a program that entitled them to these benefits. Denying these items to those looking for work, and cutting recipients off as soon as they earned over the limit, hampered recipients' ability to find and keep a job. It did, however, save the government money. Providing daycare or transportation may be seen as unnecessary when looking for work if job seeking is thought of in the way it is for the middle-class. Middle-class job seekers can do so by mailing, faxing or emailing résumés to prospective employers and then arranging for daycare and transportation for the short period of time required if called for an interview. The low income, low-skilled women interviewed, however, spoke about finding work by dropping off résumés at various worksites. This was a time consuming activity that required both transportation and daycare in order for the mother to canvas a large area or number of potential employers.

Employment and Working Conditions

As Welfare-to-Work programs aim to move recipients into the workforce, the health implications of entering the workforce should be considered as well as the health implications of participating in Welfare-to-Work programs. When employed in the labour market the women interviewed worked in a variety of low paying jobs usually in the service industry. These jobs were often seasonal with few benefits. Lack of health insurance may have impacted upon the women's physical health status as they could not afford to pay for some medical items, for example prescriptions and eye examinations. A

recent study in Edmonton by Williamson and Fast (1998) indicated that 58% of working poor participants had chosen not to see a physician in the previous 12 months. The primary reason given for this was that "they thought the doctor would prescribe a medication that they would be unable to afford" (p.122). Additionally, of the working poor who had consulted a physician a further 93% had failed to have their prescription filled. Once again, they cited their inability to afford the medication as the reason for this. Previous research in the U.S. has also associated lack of medical insurance with an increased risk of mortality (Franks, Clancy & Gold, 1993).

Lack of benefits could also have impacted upon the women's mental health as they worried about medical access for themselves and, if earning over the Alberta Child Health Benefit cut-off, for their children. The primary mechanism through which employment influences physical health is income that has been addressed previously.

In terms of mental health, employment and working conditions likely had a negative effect. In paid positions women had little control over when they worked or if they could work when a child was sick. Their jobs were often temporary or seasonal which must have increased anxiety regarding future income and the ability to sustain the family.

In terms of receiving welfare and participating in Welfare-to-Work activities women again had little control. Some women were afforded choice of program but these were either recommended or ultimately approved by their caseworker. The women had no control over the conditions of their welfare receipt such as benefit amounts, daycare and transportation allowances or reporting requirements. They also had no control over their roles as worker or mother. Social Assistance mandated to what extent they must be

workers. In the time left over they were able to be mothers. They had no choice in the balance of these roles but were expected to adequately fulfill both.

Reducing Welfare Caseload

Reducing welfare caseload served the government's interests as it reduces government expenditure. Several of the Welfare-to-Work measures fulfilled this role. Having recipients classified as ACE employees or students removed them from the welfare role. While the recipient benefits through increased earnings the government also benefits through decreased caseload. Moving people into jobs had the same effect as they leave or are less reliant on the system, albeit often only temporarily. Non-compliance in other Welfare-to-Work activities, such as training programs or job seeking, can also render people cut off.

Having recipients continually report their income and living arrangement can result in them being cut off, as described previously. The inadequacy of benefits and the stress it causes to single-mothers also serves the government. Not wanting to be on welfare, as many of the interviewees mentioned, serves as an impetus to find work or schooling and leave the system.

In a few instances Welfare-to-Work policies favored participants and their children. In these instances the programs also served the interests of the government. Programs such as ACE, training programs and schooling reduced welfare caseload and/or benefits and also provided the participant with credentials, skills and experience that may lead them to a job that will lift their family above the poverty line and allow them to leave the welfare system.

Serving the business sector

Many of the Welfare-to-Work activities instituted by the government had the indirect, or possibly direct, result of serving the interests of the business sector including private, government and not-for-profit employers. These activities appear to be linked to an institutional notion of welfare delivery. ACE positions are only offered by "municipalities, publicly funded organizations and non-profit agencies" (Gorlick & Brethour, 1998, p. 200). These agencies, however, receive a full-time employee for a minimum of $1 per hour. Programs such as PACE, where participants do voluntary work shifts provide private, charitable, and publicly funded organizations with cheap labour.

Mandatory job-hunting also has the effect of lowering wages for low-skill jobs. More unskilled workers looking for work creates a surplus of employees. Employers can thus lower wages as it is essentially a buyer's market with more employees than positions. Wages, often dictated by minimum wage standards, need only remain above welfare payments to attract workers. Also, the beneficiaries of low wages are the "companies that employ low-skilled workers, since welfare reform effectively helps to pay the living cost for some of their workers" (Conte, 1996, p. 23) as they continue to receive welfare supplements. Standards such as benefits and terms of employment also favour the employer. For the welfare recipient, especially single-mothers who must provide daycare, low-wage work may not appear as beneficial as collecting welfare. This effect may not be as the government had intended.

Economic Rationalism and Welfare-to-Work Activities

Economic rationalism is "supported by a neoliberal ideology that emphasizes 'free' markets over state regulation" (Labonte, 1999, p. 126). Behind such an ideology is the assumption that "the human being should no longer rely on institutions to provide the good life but look to his or her own autonomy" (Battin, 1991, p. 297). Such a free-market economic model is underpinned by four assumptions, all of which rest responsibility with the individual. These assumptions are that people have preference; people have resources which can be transformed into goods and services; people economize - or make the choice which makes the best economic sense; and that people's choices are coordinated. For example, one person's choice to buy something is matched by another person's choice to sell something (Parkin & Bade, 1991). In current Welfare-to-Work policies operating throughout the developed world attention seems to focus on the resources people have which can be transformed into goods and services, often termed human capital defined as,: "the accumulated skill and knowledge of human beings" (Parkin & Bade, 1991, p. 107), the quality of human beings (Becker, 1975), and individual ability (Barr, 1998). Deficits in human capital have been targeted as the cause of welfare dependency. Most Welfare-to-Work activities offer training and work experience programs to correct these deficits such as those described by the interviewees and in the literature (see for example Welfare-to-Work activities described in: Gideonse & Meyers, 1988; Hagen & Davis, 1994; Little, 1999; Riemer, 1997; and Rose, 2000). An economically rational approach anticipates that increases in human capital will improve the economic capital of recipients through their labour market participation.

With regard to women on welfare Harris (1993) notes "human capital investments affect the type of job they obtain and the hours that they work [and], in turn, determine their movement from welfare" (p. 337). Those with greater skill and knowledge will attract jobs that have improved wages and benefits. Improvements in an individual's skills and experience are said to improve their employment prospects, however it must be noted that human capital investments are not the only influencing factor, as the previous chapter has indicated. The assumption behind the use of a human capital model in Welfare-to-Work programs is that "putting more highly skilled workers on the market will produce more highly skilled jobs" (Myles, 1995, p. 19). Skeptics have noted, however, that there had been no change in the demand for skilled jobs in the United States from the 1940s to the 1980s despite increases in the skill of the labour force (Juhn & Murphy, 1995).

Employment is hoped to make recipients less reliant on welfare, thus reducing the government's spending on welfare programs. This appears to be the ultimate goal of the Alberta Government's Welfare-to-Work policy as they have noted that "the wasted potential, both in terms of human idleness and provincial economic strength, cannot be allowed to continue and grow as it has under the old program" (Alberta Family and Social Services, 1991, p. 11). The efficacy of the measures instituted to achieve this end, however are questionable.

Efficacy of the human capital model

While the aim of Welfare-to-Work activities is to move recipients into jobs, "emerging research suggests that many recipients have already traveled this route. The question remains, however, as to whether the job route off welfare is an efficient way to

*maintain* economic independence" (Harris, 1996, p. 408, original emphasis). It is believed by those who subscribe to a residual view of welfare receipt, such as the Federal (Baker, 1997) and Alberta governments, that decreased benefits will ensure those on welfare are not better off than those who work. This, policymakers believe, should correct the deviant attitude of the employable welfare recipient.

By promoting a human capital model the current policy fails to identify and address the structural and cultural factors that instate and perpetuate welfare receipt. It is assumed that once everyone has acquired the necessary skills all should then be able to attract incomes adequate to support themselves and their families. This, however, is not the case as the experiences of the women interviewed reveal. Often the jobs former welfare recipients attract are inadequate to lift them above the poverty line (Gideonse & Meyers, 1988; Miranne, 1998; Oliker, 1995). In the current research this was due to part-time or seasonal work and the low skill level involved in the jobs recipients attracted. Riemer (1997) has also noted that the types of available jobs are barriers exit from the welfare system. As Fitzpatrick and Gomez (1997) note "many work environments fail to address adequately the concurrent strains on women's lives" (p. 325). They also note that it is ironic that women are expected to be full-time caregivers and full-time workers in spite of being penalized by a work environment that limits their job opportunities.

As noted earlier, the push towards employment likely has an impact on health. Mothers could enjoy greater income if they were employed. This would allow them to buy more in terms of food and clothing, and afford them better quality housing. Formal education could foster physical and mental health whereas programs are less likely to provide either of these benefits. The PACE program, however, did offer social support.

Women in programs or employment had little control over the hours they worked or participated. They usually had no flexibility to deal with sick children. It would seem that these factors detrimentally impact upon health, through loss of potential earnings and stress.

The Rationality of Women's Choices

The economic focus of neoliberal governments is becoming increasingly evident in Welfare-to-Work policies. Efficiency and effectiveness at placing people in jobs are the two main criteria into which all outcome measures fall (Gorlick & Brethour, 1998). As Battin (1991) notes "economic rationalism focuses on what it regards as 'efficient' outcomes, while the focus on just procedure and equitable outcomes is blurred" (p. 302). In Alberta "success rates are measured by the percentage of individuals exiting the welfare system, the percentage of individuals getting a top-up or supplement, recipients' average earning and other means" (Gorlick & Brethour, 1998, p. 210). What is, therefore, employed is "a model of economic actors responding to economic incentives. Such a model radically oversimplifies the options people confront, and radically simplifies the motives of the people who respond to these options" (Piven & Cloward, 1987, p. 85.) A narrow economic focus of costs and savings does not recognize the other human and social costs and benefits of participation in Welfare-to-Work programs, or of receiving welfare assistance itself. What is lost in the current, dominant view of society as a market is the reality of women's lives and the circumstances that shape their choices.

It has been noted by Adkins (1999) that given women's traditional roles it is difficult for them to exchange their labour for anything of market value. When women

do enter the labour force from welfare, however, the types of jobs they are likely to get are low paying jobs in the service industry (Miranne, 1998). Jobs, such as waitressing or cashiering in the current research, are often casual or seasonal and thus do not provide benefits. In order to attract a living wage single-mothers must work at least full-time hours (Baker, 1997). Some women are convinced that work will not pay. They, along with some policy analysts have reached the conclusion that "the jobs they could get would not take their families out of poverty ... Indeed, most jobs would allow them to remain qualified for welfare, which requires time-consuming "work" in the welfare systems, in addition to time on the job, with little or no net gain in income" (Oliker, 1995, p. 264). While it has been shown that women do weigh the economic costs of participation in the labour force there are also several considerations that must be taken into account. "The economic benefits of work must be weighed against the costs of child care, medical care, role strain, and loss of time with children" (Harris, 1993, p. 322), factors of enormous importance to the women interviewed.

Under the ideology of economic rationalism the choices of the women interviewed may seem irrational. In this view, choices made by individuals should conform to monetarily beneficial economic principles (Battin, 1991; Coburn, 2000). This economic view of rationality, however, can be seen to work most effectively with the traditional dual-headed, nuclear family with the male as the primary breadwinner and the female as the primary caregiver. The male is able to attract more income as his wife takes care of his home and family. In an attempt to approximate the norm, this view has been transposed onto modern societies and single female-headed families in particular. For single-mothers on welfare however, the ability to maximize market earnings is

compromised by their need to maintain their home and family life. Heath and colleagues (1998) note that women still perform the majority of unpaid labour in the home. While this is the case for both married and unmarried women, single-mothers are "the sole providers of unpaid labor, [and therefore,] their labor market hours are less" (Heath, et al., 1998, p. 208). They do not have a partner with whom to share paid and unpaid labour in order to maximize labour market earnings. Thus, welfare mothers do not conform to the standard behaviour of patriarchal capitalism and often compromise their own economic development. Choosing not to maximize labor market earning is viewed as deviant behaviour in today's society.

The Health of Single-mothers on Welfare

A low income impedes an individual's ability to access necessities for health such as adequate food, shelter, education, and in some cases health services (Naidoo & Wills, 1994). In addition to the financial impact, income has a social impact. Those without material privileges have little control or power over their circumstances (Hamilton & Bhatti, 1996). How lack of control impacts detrimentally on physical health through specified biological mechanisms is not yet fully understood (FPTACHPH, 1994; Marcan Clarke & Joshi, 1996; Williams, 1990), however, Lennon (1995) has documented that perceived control over one's work environment has an effect on mental health status. Single-mothers on welfare are one of the lowest social and financial status groups in industrialized society. Their reliance on the state for their subsistence renders them in a state of compliance where they must adhere to Welfare-to-Work activities in order to receive the welfare benefits essential to ensure the survival of their family. Capital, or

power, is inextricably linked to health and is played out in daily life through a person's social class. "Social class is probably one of the most useful shorthand indicators of a person's power. Class is usually measured by income, education, occupation, or a combination of these factors" (Freund & McGuire, 1999, p. 32). Welfare recipients, due to their low social class, have relatively little power. This in turn is believed to impact on health. The previous discussion relates social class to health, however, in much of the health literature the term socioeconomic status (SES) is employed. "One reason for this is that SES measures are easier to use than social class measures and are therefore perhaps more readily available from routinely collected data" (Wohlfarth, 1997, p. 400). While similar, these two terms are not interchangeable as Wohlfarth (1997) has pointed out: "There are two important ways in which the social class conceptualization differs from the SES conceptualization: one is that the conceptualization of social class focuses on prestige. The other is that social classes are defined in terms of their conflictual relations, whereas SES strata are defined in terms of gradations … That is, classes are described as clear, well defined entities that are qualitatively different from each other, whereas SES describes a gradual quantitative difference between strata" (p. 400). Single-mothers on welfare clearly occupy a position of low social class due to their poverty and stigmatization. (These women, due to their low income, also occupy a position of low socioeconomic status.) It is this status that has been used most frequently in health research, to conceptualize the determinants of health. Therefore, while the difference between social class and socioeconomic status have been acknowledged, socioeconomic status will be used for the remainder of the paper to signify welfare-mothers position in the economic and social hierarchy.

Gender also plays a role in the socioeconomic status of single-mothers. Women's earnings are likely to be relatively less than males (Elson, 1999; FPTACPH, 1999). Women are also more likely to command less social status than males (Elson, 1999). Therefore, the impact that poor income and low social status have on health is disproportionately likely to fall on women than men. Socially defined gender roles disadvantage women as they occupy positions of lower income and social status. The traditional caregiver role of women hampers employment and thus again decreases income and social status. The current system dictates that if a women wishes to command a high income and social status she must negate her caregiver role. This dichotomy may be unrealistic for many women. For low skilled workers of both sexes, the improvements in income and social status that accompany work in low skilled jobs may be minimal and may not counteract the detrimental effects of being in a degrading, meaningless job with no prospect of advancement. It thus becomes apparent that income is interrelated with gender, social support, employment, and social status. For the women involved in this study the implication is that the type of job they attract when exiting the welfare system may not improve their health status unless they are afforded enough control over work conditions to allow them to balance their caregiving and providing responsibilities. Jobs that are inflexible and fail to acknowledge the women as mothers will cause additional stress, for example if they are forced choose between working and caring for a sick child.

Multiple roles and health

There is a great deal of literature regarding women's roles and health. In particular the literature focuses on the combination of work and motherhood (see for example: Martikainen, 1995; Waldron, Weiss & Hughes, 1998; and Weatherall, Joshi, & Marcan,

1994). Two dominant opinions have formed, one argues for role strain, which is "considered to be the inevitable conflict expressed by individuals as they try to fulfill the demands of different roles" (Weatherall, et al., 1994, p. 285). The other side of the debate argues in favor of role enhancement in which women "gain better health and lower mortality by taking on the additional role of employee" (Martikainen, 1995, p. 200). The bulk of the evidence supports role enhancement as opposed to role strain (Weatherall, et al., 1994), however, the "literature suggests that insofar as a specific role increases power or access to resources, it will increase perceived control, and in-turn enhance well-being. Role accumulation is therefore beneficial when each role adds to one's perception of control over life. However, if a particular role or role configuration decreases one's perceptions of control, it will be detrimental to health" (Bullers, 1994, p. 16). This may be the case for the single-mothers on welfare interviewed in this study. The women were expected to be both mothers and providers yet they were not afforded control regarding the configuration of these roles. They were forced into programs and activities that were sometimes counter to their wishes. Negotiating the welfare system, including dealing with indifferent or unhelpful caseworkers and continually reporting, would also have had a detrimental impact on perceived control. This would negatively impact on role enhancement, thus decreasing the women's health.

For reasons presented above, the human capital model approach to welfare dependency employed by the Alberta government is flawed as it first underrates the complexity of factors that influence a low-income single-mother's ability to participate in the workforce and second, the measures used to encourage workforce participation such as education and training programs often complicate the lives of participants in terms of

their physical, mental and social health. In addition to undertaking Welfare-to-Work activities, single-mothers must also devise coping strategies to manage their multiple roles often relying on social capital.

In summary, being a single-mother involved in Welfare-to-Work activities occasionally provided the women with more money with which to buy essential goods and services. This likely contributed to the mental and physical health of the women although combining Welfare-to-Work activities with their caregiving duties may have also increased the women's stress. As the women lacked control over the extent to which they could combine these activities, role strain may have detrimentally impacted upon their health.

# CHAPTER 8

## Conclusions, Limitations, Implications and Recommendations

### Conclusions

This study aimed to critically examine how the socially constructed experiences of participating in the Alberta Welfare-to-Work program influence the health of low-income single-mothers and their families.

#### The experiences of single-mothers on welfare

The experiences of the women, participating in the Employment and Training Support program of Alberta's Supports for Independence fund, were of trying to raise a family in the face of financial hardship. In order to achieve a reasonable quality of life for their children the women had to ensure they complied with all of Social Assistance's requirements including Welfare-to-Work activities. The women relied on the support of family, friends and agencies to survive the month. Most of their decisions revolved around ensuring they would have food and a place to live. The day-to-day experiences of the single-mothers interviewed in this study were influenced by the requirements of the welfare system and the need to be mothers to their children. Residual welfare policy ideology supported critical analysis data that indicated the government's policies and programs were aimed at reducing welfare caseload and expenditure. Examples include the selective administration of bus passes and daycare allowances, and requirement of continual reporting. Mothers on the other hand, made decisions based on the best interests of the child such as the quality of childcare available or the amount of food remaining for the month. Welfare benefits and Welfare-to-Work activities in general did not foster the

health of the single-mothers interviewed other than providing temporary gains in such items as income, or social support networks. The mothers would often forego their own health needs, such as eating or engaging in entertainment activities, in order to provide for their children.

The influence of social and economic policies

In most instances government policies determined the lives of the single-mothers in this study. These policies were based on residual and institutional ideologies of welfare delivery such as requiring recipients to work or do training for their subsistence and providing cheap labour to businesses. In a few instances, the policies favored the women as they received enhanced skills or experience. Gains in personal skills rarely transferred into meaningful employment opportunities. Participating in programs did, however, afford women more quality time with their children, one reason why remaining on welfare may be more favorable than working.

Recipients needed to comply with government policies that were monitored through their Client Reporting Cards. Failure to comply with the standards of living arrangement and income would result in changes to the allowances women received. Choices the women made, such as going to school or living in public housing, were often dictated by their financial impact on the family and the best interests of the child. The day-to-day experiences of the single-mothers were, therefore, influenced by broad social and economic policies.

According to the model presented in Figure 6, single-mothers receiving welfare in Alberta make choices based on the impact of their choices on the family. Choices are made that would provide the necessities for the month, such as using the Food Bank.

Items that will jeopardize the survival of the family are foregone even to the detriment of the mother's own personal health and well-being. From the critical analysis data and the literature it appears that the government is influenced by neoliberal ideologies of welfare receipt, promoting reduced expenditure. These assumptions rely primarily on a human capital model of program delivery. Beyond the first six months of a mother's parenting

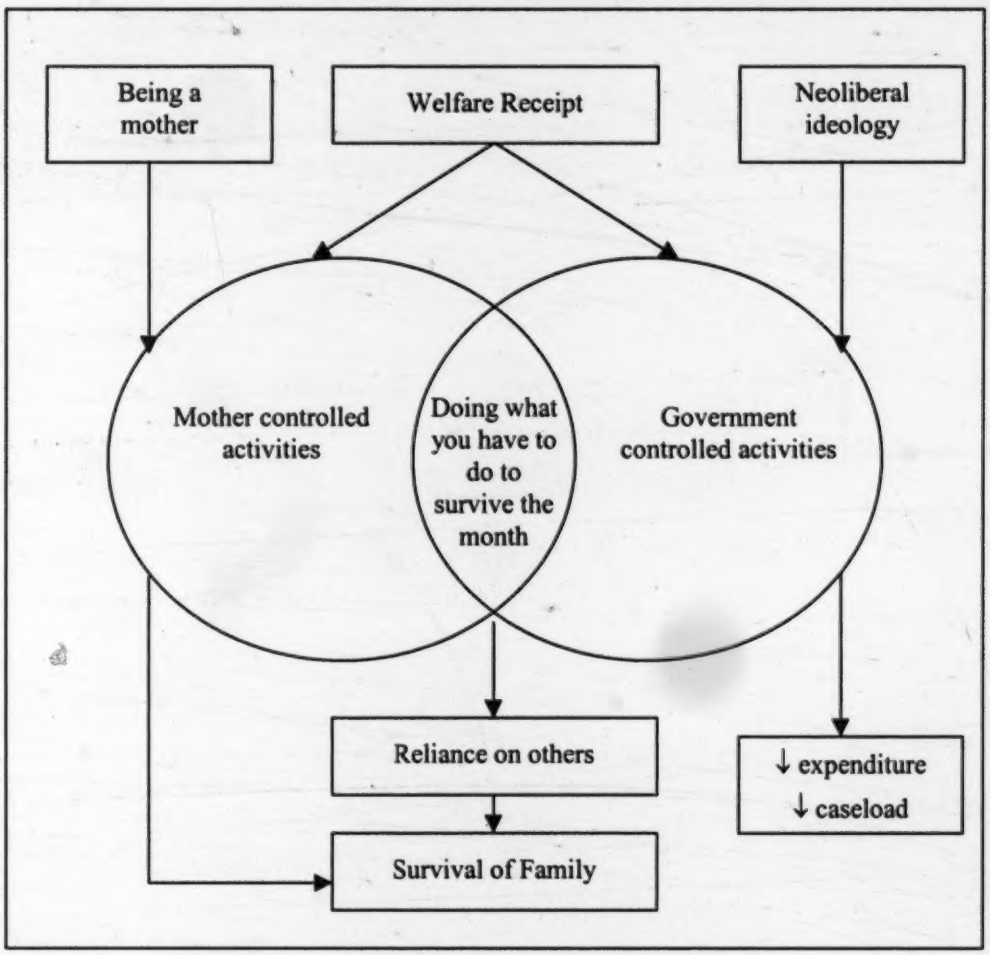


Figure 6. Structural and individual influences on the choices of single-mothers participating in Welfare-to-Work activities in Alberta.

the government appears largely insensitive to the caring role mothers assume. Instead, government efforts focus on the provider role and strategies are employed to move women into the workforce and into economic independence. The government, through their policy aims and objectives (Appendicies 1 and 2), define self-sufficiency as not being reliant on the government for support. The women, however, remain dependent on others (family, friends, community groups, charities) for their economic survival.

While the government dictates the majority of activities a single-mother on welfare undertakes, the mother has some flexibility to maneuver within this system. The decisions made by single-mothers are, however, often limited by the inadequacy of allowance. Decisions they make are in order to ensure the economic survival of the family. Choices such as the type of program she will participate in, where and when she will do her laundry, the type of childcare her child will receive are made by the mother, but these are all weighed in terms of the impact these will have upon the survival of the family. If a program does not provide daycare or a bus pass and the mother must provide these herself then it is unlikely she will volunteer to participate. Going to school, however, more than doubles the benefits the mother will receive so if this option is available to her she will more than likely pursue it. Laundry can be combined with grocery shopping to save money on cab fare, a friend can watch her child while she attends an interview instead of paying a babysitter. Relying on family and friends was an example of a necessity determined by the inadequacy of allowances but chosen by the mother as a survival strategy.

The influence on health and well-being

The model presented in Figure 6 makes no reference to health as the women and the government did not explicitly consider their activities in relation to health. While the women did not deliberately consider the health implications, the experiences of being a single-mother on welfare did have an impact on health. The choice to not eat, for example, is determined by needing to stretch grocery money out over the month. The physical or mental health implications of this were not considered. As these women struggled to make it through each month it was no wonder that little attention was paid to their health. The one dimension of health that appeared most favorable was that of social health but reliance on this dimension of health appears to be a strategy for survival rather than an attempt by the women to foster their well-being.

While it was not the purpose of the study for the women to make the connection between their experiences and their health, research evidence related to the determinants of health suggest that in many cases the experiences of the single-mothers interviewed had a negative impact on their physical, mental and social health, as can be found in Figure 7. Arrows that point into a dimension of health represent factors that contribute positively to that circle. Arrows that lead away from a dimension of health represent factors that detract from the circle. Many of the women's experiences were associated with welfare receipt itself and living in poverty. In general, the most positive dimension of health was social health. Women were forced to rely on their social network for survival and some of the Welfare-to-Work activities they participated in fostered this. As such, 'social support networks' was the determinant of health most favorable to foster the health and well-being of the women interviewed. Conversely, participating in Welfare-to-

Work activities often had a detrimental impact on physical and mental health unless the activity resulted in substantially increased earnings, as did schooling. Many of the activities women participated in were beyond their control. This lack of control likely influenced the stress and boredom the women spoke of. The inadequacy of allowances possibly compounded the stress women felt and also limited their capacity to achieve optimal physical health.

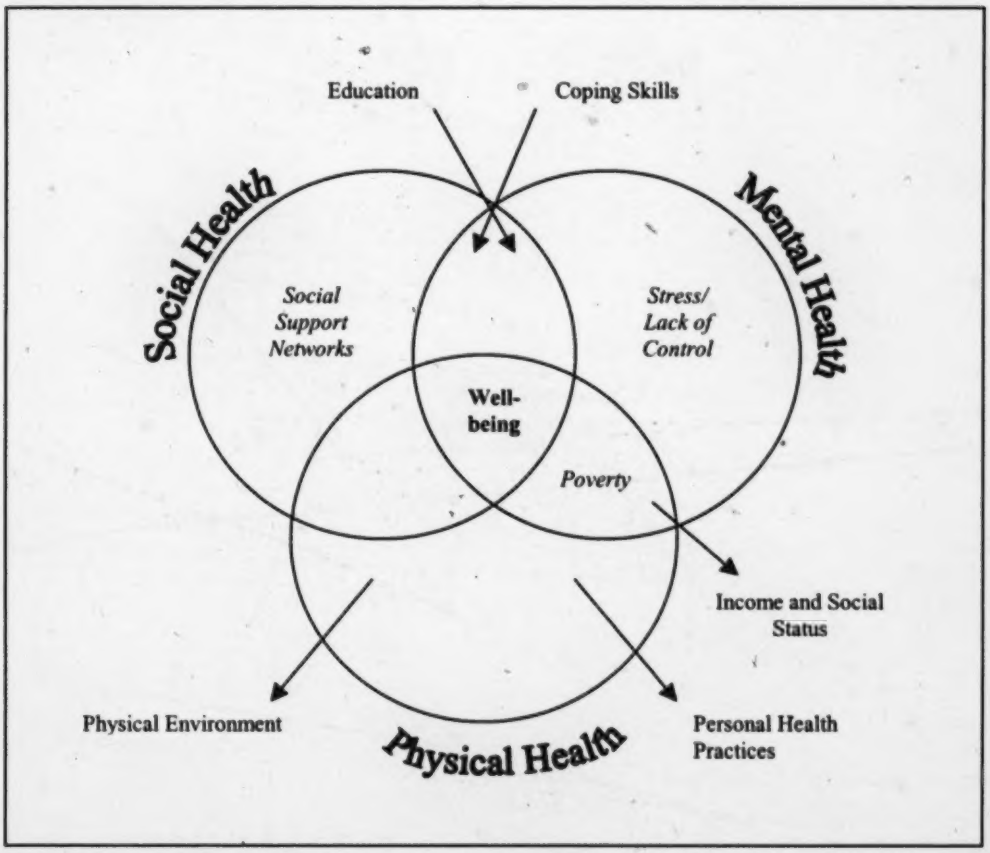


Figure 7. The relationships between the determinants of health and the dimensions of health for single-mothers on welfare

*Welfare-to-Work and healthy public policy*

One of the central tenets of the Ottawa Charter for Health Promotion (WHO, 1986) is the development of healthy public policies. Advocating for healthy public polices are also one of the mandates of the CPHA (1996), however they note "to date, most policies in the area of health promotion have supported healthier lifestyles" (CPHA, 1996, p.3). Emphasis, they suggest, now must turn to "ensure that the voices of society's least powerful express their concerns" (CPHA, 1996, p.3) regarding policy issues, as this study aims to achieve. Work in the area of healthy public policy aims to put "health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health" (WHO, 1986, p. iv).

The Alberta Welfare-to-Work policy required participants to comply with a broad range of activities. These activities did not empower individuals to escape from poverty but, rather, further subordinated them to a system of bureaucracy and paternalism. In addition, the activities recipients were required to undertake in the Alberta Welfare-to-Work policy also likely had a detrimental impact on physical, mental and social health. Depletions in health in this already marginalized group would make entering the workforce even more difficult as health is a resource for living and is required to perform day-to-day activities. With this respect, the Alberta government's program to reduce welfare expenditure could lead to increased spending in the future on those who are unable to work.

Limitations

One limitation of the findings of this study is that the experiences were taken from each participant in one interview and, as such, the data did not capture the changing situations and experiences of the women. This has ramifications as policy and program changes have a great influence on the ability of single-mothers to survive the month and the survival strategies they must employ. One example is the restrictions being made to Food Bank access at the time of data collection. Recipients were being told that they could no longer use the Food Bank or that they had only a limited number of hampers left available to them. One woman indicated in an informal conversation with the researcher after her interview that she had been cut off from the Food Bank. This would have serious implications for her survival strategies for the month and it would be beneficial to explore how alternate survival strategies are mobilized as economic insecurity is an ever present threat for these women. Changes, such as the one described above, cannot be forecast and planned for prior to data collection. A long-term data collection period, however, with several interviews conducted over a period of time with each participant would give a broader picture of the how the experiences of single-mothers can change with changes to policies or programs. As policies and programs played a large role in determining the experiences of single-mothers on welfare these would also have implications on their health and well-being.

A further limitation to the study was the fact that there was not a formalized "action" component. Efforts, however, have and will continue to be made to achieve ontological and educative authenticity. Tactical authenticity can only be achieved after the conclusion of the study and will not be formally documented. The evaluation of the

PACE program will hopefully serve as a catalyst for action at which point community members and the agency will buy-in to the action and move it forward.

Implications

This study has implications for both health promotion practice and research. Much health promotion practice and research in the past has focused upon disease prevention (Labonte & Robertson, 1998). "The *practice* of health promotion, however, is increasingly based upon a postmodern paradigm. This paradigm relates much more closely to the notions of constructivism, feminism, critical theory, and participatory action" (Sieppert, 1998, p. 5, original emphasis). It is at this point where the method employed in the current study can be of use. Critical ethnography is charged with both research and practical components. Critical ethnography provides a means to examine the broader social issues health promotion seeks to address. A commitment to participatory action through the requirements of catalytic and tactical authenticity moves health promotion research into the practical realm.

For health promotion practice, the findings will be used as a component of the PACE evaluation. As a result of the research and evaluation processes a "bottom-up" community development initiative may develop. For health promotion research, this study has provided an example of how this type of study can be performed and some of the difficulties encountered. Changes made to the interview guide, found in Appendix G, will be useful to future researchers working in this area. The interview guide was revised to focus less upon the activities women were involved in and more on the day-to-day experiences of single-mothers. This was believed to provide a more accurate depiction of

the experiences single-mothers had when participating in Welfare-to-Work activities than concentrating on the attributes of the programs themselves. A further component added to the interview guide was the inclusion of questions regarding the determinants of health, as these constructs appeared to be useful organizational tools during data analysis.

Recommendations

There are several recommendations made as a result of this research study. These relate to health promotion research, practice and policy development.

Future research should employ participatory action research principles to ensure important components such as catalytic and tactical authenticity are systematically performed. The scope of future research activities should be broadened to include a measure of the health impact of Welfare-to-Work activities. These results, combined with the lived experiences of recipients will provide a more complete picture of the health implications of such policies. It should be noted, however, that measures used should seek information on social and mental health as well as physical measures as these dimensions of health played an important role. Future activities should also be expanded to include not only single-mothers but all demographic groups in receipt of welfare. Including all groups of welfare recipients and documenting their experiences and the relationship with health will improve the likelihood that policy changes can be made.

The role of mothers in our society should be critically examined with respect to welfare delivery as fundamental changes in welfare delivery and philosophy may be detrimental to the health and empowerment of women. The age of the child at which welfare recipients should go back to work should be examined. A participatory research

method employing a critical perspective could examine the parenting practices of single and married women on and off welfare and the policies and programs that support or hamper women's activities and health.

With regard to policy development, pressure should be applied to have benefits increased to reflect actual living costs of welfare recipients. This implies an advocacy role for health promotion practitioners. By keeping benefits below actual expenses recipients are forced to rely on charity from agencies such as the Food Bank or from individuals such as family and friends. This situation is not much better than the charitable system in place in Canada prior to the 1930s and does not provide an economic safety net to those Albertans most in need. At present the social networks of women appear to be the differentiating factor in how "well-off" a recipient seems. This situation does not provide a standard safety net for all Canadians, or now under provincial governance, for all Albertans. The push of the Alberta government to have recipients rely on other sources of benefits is flawed as it leaves those without support networks without any source of supplemental income and, as many of the women interviewed state: 'welfare benefits were not enough to live on'. In any case what is needed is more Canadian research on Welfare-to-Work activities and the impact on the lives of participants and their families.

## REFERENCES


Abramovitz, M. (1996). Regulating the Lives of Women: Social Welfare Policy from Colonial Times to Present (Revised Edition). Boston, MA: South End Press.

Adkins, L. (1999). Community and economy: A retraditionalization of gender? Theory, Culture & Society. 16, 119-139.

Alasuutari, P. (1995). Researching Culture: Qualitative Method and Cultural Studies. London: Sage Publications.

Alberta Family and Social Services. (1991). One Step at a Time: Supports for Independence. Alberta: Author.

Alberta Human Resources and Employment. (1999). Alberta Child Health Benefit. [Online: http://www.gov.ab.ca/hre/fact_sheets/ncn755.htm].

Alberta Human Resources and Employment. (1999a). Information About Alberta's Supports for Independence (SFI) Program. [Online: http://www.gov.ab.ca/hre/iss/ about_sfi.htm].

Alberta Human Resources and Employment. (1999b). Supports for Independence (SFI). [Online: http://www.gov.ab.ca/hre/fact_sheets/ncn757.htm].

Alberta Human Resources and Employment. (1999c). Getting Back to Work. [Online: http://www.gov.ab.ca/hre/iss/back_to_work.htm].

Alberta Human Resources and Employment (1999d). Employment and Training Initiatives. [Online: http://www.gov.ab.ca/hre/fact_sheets/ncn758.htm].

Alberta Human Resources and Employment. (2000). Alberta Community Employment Program Guidelines. [Online: http://www.gov.ab.ca/hre/iss/ace_guidelines .htm].

Alberta Learning Information Service. (1999). Grants. [Online: http://www.alis.gov.ab.ca/learning/Financial Assistance/grants.htm].

Altheide, D.L. & Johnson, J.M. (1994). Criteria for assessing interpretive validity in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.). Handbook of Qualitative Research. Thousand Oaks: Sage Publications. pp: 485-499.

Armitage, A. (1991). Work and welfare: A conceptual review of the relationship between work and welfare. In B. Kirwin (Ed.). Ideology, Development and Social Welfare: Canadian Perspectives. (2nd Ed.). Toronto, ON: Canadian Scholars' Press. pp: 33-63.

Baker, B.M. (1997). Restructuring welfare states: Ideology and policies for low-income mothers. Social Policy Journal of New Zealand. 8, 37-48.

Baker, B.M. (1998). Women's inequality and the retreat from the welfare state: Downloading and discrimination against women. Dialogue - Canadian Philosophical Review. 37, 719-738.

Baker, D., North, K. The ALSPAC Study Team. (1999). Does employment improve the health of lone mothers? Social Science and Medicine. 49, 121-131.

Barnett, R.C. & Schen, Y.C. (1997). Gender, high- and low-schedule-control housework tasks, and psychological distress: A study of dual-earner couples. Journal of Family Issues. 18, 403-428.

Barr, R.S. (1998). The gender of social capital. Rationality and Society. 10, 5-47.

Battin, T. (1991). What is this thing called economic rationalism? Australian Journal of Social Issues. 26, 294-307.

Baum, F. (1999). The role of social capital in health promotion: Australian perspectives. Health Promotion Journal of Australia. 9, 171-178.

Becker, G.S. (1975). Human Capital: A theoretical and empirical analysis with special reference to education. New York: National Bureau of Economic Research.

Bernard, H.R. (1995). Research Methods in Anthropology: Qualitative and Quantitative Approaches. 2nd Edition. Walnut Creek, CA: AltaMira Press.

Bernard, H.R. (2000). Social Research Methods: Qualitative and Quantitative Approaches. Thousand Oaks: Sage Publications.

Boessenkool, K.J. (1997). Back to work: Learning from the Alberta welfare experiment. C.D. Howe Institute Commentary. 90,1-32.

Bourdieu, P. (1986). The forms of capital. In J.G. Richardson (Ed.). Handbook of theory and research for the sociology of education. New York: Greenwood Press.

Bullers, S. (1994). Women's roles and health: The mediating effect of perceived control. Women and Health. 22, 11-30.

Canada West Foundation (1996). Social Services Project. Income Support in Canada: A Statistical Profile. Calgary, AB: Author.

Canadian Public Health Association. (1996). Action statement for health promotion in Canada. Ottawa: Author.

Coburn, D. (2000). Income inequality, social cohesion and the health status of populations: the role of noe-liberalism. Social Science and Medicine. 51, 135-146.

Conte, C.R. (1996). Will workfare work? Governing. 9, 19-23.

Creighton, C. (1996). The 'family wage' as a class-rational strategy. The Sociological Review. 44, 204-224.

Denzin, Y.S. & Lincoln, E.G. (1985). Naturalistic Inquiry. Newbury Park: Sage Publications.

Denzin, N.K. & Lincoln, Y.S. (1994). Entering the field of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.). Handbook of Qualitative Research. Thousand Oaks: Sage Publications. pp: 1-18.

Douglas, J.D., Adler, P., Fontana, A., Freeman, C.R. Kortoba, J. (1980). Introduction to Sociologies of Everyday Life. Boston: Allyn and Bacon, Inc.

East, J.F. (1998). In-dependence: A feminist postmodern deconstruction. Affilia: Journal of Women & Social Work. 13, 273-289.

Edin, K & Lein, L. (1996). Work, welfare and single-mothers' economic survival strategies. American Sociological Review. 61, 253-266.

Elson, D. (1999). Labor markets as gendered institutions: Equality, efficiency and empowerment issues. World Development. 27, 61-627

Elstad, J.I. (1995). Employment status and women's health - Exploring the dynamics. Acta Sociologica. 38, 231-249.

Epp. J. (1986). Achieving health for all: A framework for health promotion. Ottawa: Health and Welfare Canada.

Esping-Andersen, G. (1990) The Three Worlds of Welfare Capitalism. Oxford: Polity Press.

Evans, P.M. (1995). Linking welfare to jobs: Workfare Canadian style. In P.M. Evans, L.A. Jacobs, A. Noël, E.B. Reynolds. Workfare: Does it Work? Is it Fair? Montreal, QB: Institute for Research on Public Policy. pp: 75-104.

Ewles, L. & Simmet, I. (1992). Promoting Health: A Practical Guide to Health Education. London: Scutari Press.

Federal, Provincial, Territorial Advisory Committee on Population Health. (1994). Strategies for Populations Health: Investing in the Health of Canadians. Ottawa: Health Canada.

Federal, Provincial, Territorial Advisory Committee on Population Health. (1999). Statistical Report on the Health of Canadians. Ottawa: Health Canada. [Online: http://www.hc-sc.gc.ca]

Ferrie, J.E., Shipley, M.J., Marmot, M.G., Stansfield, S., & Smith, G.D. (1998). The health effects of major organizational change and job insecurity. Social Science and Medicine, 46, 243-254.

Fitzpatrick, J.A. & Gomez, T.R. (1997). Still caught in the trap: The continued povertization of women. Affilia. 12, 318-341.

Flick, U. (1998). An Introduction to Qualitative Research. London: Sage Publications.

Frader, L.L. (1998). Bringing political economy back in: Gender, culture, race and class in labor history. Social Science History. 22, 7-18.

Franks, P., Clancy, C.M., & Gold, M.R. (1993). Health insurance and mortality: Evidence from a national cohort. Journal of the American Medical Association. 270, 737-741.

Fraser, N. (1994). After the family wage: Gender equity and the welfare state. Political Theory. 22, 591-619.

Freund, P.E.S. & McGuire, M.B. (1999). Health, Illness, and the Social Body (3rd Edition). Upper Sadle River, NJ: Prentice Hall.

Friendly, M. & Rothman, L. (1995). Miles to go ... the policy context of child care in Canada. Child Welfare. 74, 503-525.

Gideonse, S.K. & Meyers, W.R. (1988). Why "workfare" fails. Challenge. 31, 44-49.

Gleeson, D. (1999). Social capital theory: Implications for public health. Health Promotion Journal of Australia. 9, 183-187.

Gorlick, C. & Brethour, G. (1998). Welfare-to-Work Programs: A National Inventory. Ottawa, ON: Canadian Council on Social Development.

Guba, E.G. & Lincoln, Y.S. (1989). Fourth Generation Evaluation. Newbury Park: Sage Publications.

Guba, E.G. & Lincoln, Y.S. (1994). Competing paradigms in qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.). Handbook of Qualitative Research. Thousand Oaks: Sage Publications. pp: 105-117.

Habermas, J. (1981). The Theory of Communicative Action: Reason and the Rationalization of Society. Boston, MA: Beacon Press.

Hagen, J.L. & Davis, L.V. (1994). Women on welfare talk about reform. Public Welfare. 52, 30-40.

Hamilton, N. & Bhatti, T. (1996). Report of the round table on population health and health promotion. Ottawa: Health Canada.

Haney, L.A. (1998). Engendering the welfare state: A review article. Comparative Studies in Society and History. 40, 748-767.

Harrington Meyer, M. (1996). Making claims as workers or wives: the distribution of social security benefits. American Sociological Review. 61, 449-465.

Harris, K.M. (1993). Work and welfare among single mothers in poverty. American Journal of Sociology. 99, 317-352.

Harris, K.M. (1996). Life after welfare: Women, work and repeat dependency. American Sociological Review. 61, 407-426.

Health Canada. (1996). Towards a Common Understanding: Clarifying the Core Concepts of Population Health. Ottawa: Author.

Heath, J.A., Ciscel, D.H. & Sharp, D.C. (1998). The work of families: the provision of market and household labor and the role of public policy. Review of Social Economy. 56, 501-521.

Henry, G.T. (1990). Practical Sampling. Newbury Park: Sage Publications.

Heymann, S.J. & Earle, A. (1999). The impact of welfare reform on parents' ability to care for their children's health. American Journal of Public Health. 89, 502-505.

Hochschild, A.R. (May 26, 1997). Time in the balance. The Nation. pp: 11-15

Huberman, A.M. & Miles, M.B. (1994). Data management and analysis methods. In N.K. Denzin & Y.S. Lincoln (Eds.). Handbook of Qualitative Research. Thousand Oaks: Sage Publications. pp: 428-444.

Isreal, B., Checkoway, B., Schulz, A., & Zimmerman, M. (1994). Health education and community empowerment: Conceptualizing and measuring perceptions of individual, organizational, ad community control. Health Education Quarterly. 21, 149-170.

Jacobs, L.A. (1995). What are the normative foundations of workfare? In P.M. Evans, L.A. Jacobs, A. Noël, E.B. Reynolds. Workfare: Does it Work? Is it Fair? Montreal, QB: Institute for Research on Public Policy. pp: 13-38.

Juhn, C. & Murphy, K. (1995). Inequality in labor market outcomes: Contrasting the 1980s and earlier decades. Economic Policy Review. 1, 26-32.

Kincheloe, J.L. & McLaren, P.L. (1994). Rethinking critical theory and qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.). Handbook of Qualitative Research. Thousand Oaks: Sage Publications. pp: 138-157.

Kirwin, B. (1991). The Alberta group government and vocational organization in Ireland. In B. Kirwin (Ed.). Ideology, Development and Social Welfare: Canadian Perspectives. (2nd Ed.). Toronto, ON: Canadian Scholars' Press. pp: 157-180.

Labonte, R. (1993). Issues in health promotion series. #3 Health promotion and empowerment: Practice frameworks. Toronto: Centre for Health Promotion, University of Toronto & ParticipACTION.

Labonte, R. (1999). Globalism and health: Threats and opportunities. Health Promotion Journal of Australia. 9, 126-132.

Labonte, R., & Robertson, A. (1998). Delivering the goods, showing our stuff: The case for a constructivist paradigm for health promotion research and practice. In W.E. Thurston, J.D. Sieppert, & V.J. Wiebe (Eds.). Doing Health Promotion Research: The Science of Action. Calgary: Health Promotion Research group, University of Calgary. pp: 41-62.

Land, H. (1980). The family wage. Feminist Review. 6, 55-77.

Lennon, M.C. (1995). Work conditions as explanations for the relation between socioeconomic status, gender, and psychological disorders. Epidemiologic Reviews. 17, 120-127.

Lewis, J. (1997). Gender and welfare regimes: Further thought. Social Politics. 4, 160-177.

Lincoln, Y.S. & Guba, E.G. (1985). Naturalistic Inquiry Newbury Park: Sage Publications.

Litt, J., Gaddis, B.J., Needles Fletcher, C., Winter, M. (2000). Leaving welfare: Independence or continued vulnerability. The Journal of Consumer Affairs. 34, 82-96.

Little, D.H. (1999). Independent workers, dependent mothers: Discource, resistance, and AFDC workfare programs. Social Politics. 6, 161-202.

Little, M. (1995). Feds declare war on women. Canadian Dimensions. 29, 5-9.

Manning, P.K. & Cullum-Swan, B. (1994). Narrative, content, and semiotic analysis. In N.K. Denzin & Y.S. Lincoln (Eds.). Strategies of Qualitative Inquiry. Thousand Oaks: Sage Publications. pp: 463-483.

Marcan, S., Clarke, L., & Joshi, H. (1996). Women's health: Dimensions and differentials. Social Science and Medicine. 42, 1203-1216.

Marlett, N.J. (1998). Partnership research in health promotion. In W.E. Thurston, J.D. Sieppert, & V.J. Wiebe (Eds.). Doing Health Promotion Research: The Science of Action. Calgary: Health Promotion Research Group, University of Calgary. pp: 223-242.

Marshall, C. & Rossman, G.B. (1995). Designing Qualitative Research. 2nd Edition. Thousand Oaks: Sage Publications.

Martikainen, P. (1995). Women's employment, marriage, motherhood and mortality: A test of the multiple role and role accumulation hypothesis. Social Science and Medicine. 40, 199-212.

Mathers, C.D. & Schofield, D.J. (1998). The health consequences of unemployment, the evidence. Medical Journal of Australia. 168, 178-182.

Mathiesen, K.S., Tambs, K., & Dalgard, O.S. (1999). The influence of social class, strain and social support on symptoms of anxiety and depression in mothers of toddlers. Social Psychiatry and Psychiatric Epidemiology. 34, 61-72.

Mautner, T. (Ed.). (1997). Dictionary of Philosophy. London: Penguin Books.

Maxwell, J.A. (1996). Qualitative Research Design: An Interactive Approach. Thousand Oaks: Sage.

McGilly, F. (1991). Ideology and public assistance in Canada: Reflections on the use and abuse of a slippery concept. In B. Kirwin (Ed.). Ideology, Development and Social Welfare: Canadian Perspectives. (2nd Ed.). Toronto, ON: Canadian Scholars' Press. pp: 39-74.

Miles, M.B. & Huberman, A.M. (1994). Qualitative Data Analysis: An Expanded Sourcebook. (2nd Edition). Thousand Oaks: Sage Publications.

Milkie, M.A. & Peltola, P. (1999). Playing all the roles: Gender and the work-family balancing act. Journal of Marriage and the Family. 61, 476-490.

Miranne, K.B. (1998). Income packaging as a survival strategy for welfare mothers. Affilia: Journal of Women & Social Work. 13, 211-233.

Morris, L. (1996). Dangerous classes: Neglected aspects of the underclass debate. In E. Mingione (Ed.). Urban Poverty and the Underclass. Cambridge, MA: Blackwell Publishers. pp: 160-175.

Morse, J.M. & Field, P.A. (1995). Qualitative Research Methods for Health Professionals. Thousand Oaks: Sage.

Murphy, J. (1997). Alberta and the workfare myth. In E. Shragge (Ed.). Workfare: Ideology of a New Under-Class. Toronto, ON: Garamond Press. pp: 109-130.

Mutari, E. & Figart, D.M. (1997). Markets, flexibility, and family: evaluating the gendered discourse against pay equity. Journal of Economic Issues. 31, 687-705.

Myles, J. (1995). When Markets Fail: Social Welfare in Canada and the United States. Geneva, Switzerland: United Nations Research Institute for Social Development.

Myles, J. (1998). How to design a "liberal" welfare state: A comparison of Canada and the United States. Social Policy and Administration. 32, 341-364.

Naidoo, J. & Wills, J. (1994). Health Promotion: foundations of Practice. London: Baillière Tindall.

National Council of Welfare (1994). Social Security Backgrounder #4: Working for Welfare. Ottawa, Government of Canada.

National Council of Welfare (1999). Poverty Profile 1997. Ottawa, ON: Minister of Public Works and Government Services.

Noël, A. (1995). The politics of workfare. In P.M. Evans, L.A. Jacobs, A. Noël, E.B. Reynolds. Workfare: Does it Work? Is it Fair? Montreal, QB: Institute for Research on Public Policy. pp: 39-74.

Oliker, S.J. (1995). The proximate contexts of workfare and work: A framework for studying poor women's economic choices. The Sociological Quarterly. 26, 251-272.

O'Neill, M., & Pederson, A. (1994). Two analytic paths for understanding Canadian developments in health promotion. In A. Pederson, M. O'Neill, & I. Rootman (Eds.). Health Promotion in Canada: Provincial, National and International Perspectives. Toronto, ON: W.B. Saunders. pp: 40-55.

Parkin, M. & Bade, R. (1991). Microeconomics: Canada in the Global Environment. Don Mills, ON: Addison-Wesley Publishers Limited.

Patton, M.Q. (1990). Qualitative Evaluation and Research Methods (2nd Edition). Newbury Park: Sage Publications.

Peillon, M. (1998). Bourdieu's field and the sociology of welfare. Journal of Social Policy. 27, 213-229.

Phillips, K. (1997). The parent trap. In These Times. 21, 14-16.

Piven, F.F. & Cloward, R.A. (1987). The contemporary relief debate. In F. Block, R.A. Cloward, B. Ehrenreich, F.F. Piven (Eds.). The Mean Season: The Attack on the Welfare State. New York: Pantheon Books. pp: 45-108.

Putman, R. (1993). The prosperous community: Social capital and the public life. The American Prospect. 13, 35-42.

Redfern-Vance, N. (2000). "Can't win for losing": The impact of wages on single mothers in a north Tampa Community. Practicing Anthropology. 22, 20-26.

Riemer, F. J. (1997). Quick attachments to the workforce: An ethnographic analysis of a transition from welfare to low-wage jobs. Social Work Research. 21, 225-233.

Romito, P. (1994). Work and health in mothers of young children. International Journal of Health Services. 24, 607-628.

Rootman, I., & Raebrun, J. (1998). Quality of life, well-being, health, and health promotion: Towards a conceptual integration. In W.E. Thurston, J.D. Sieppert, & V.J. Wiebe (Eds.). Doing Health Promotion Research: The Science of Action. Calgary: Health Promotion Research group, University of Calgary. pp: 119-134.

Rose, N.E. (2000). Scapegoating poor women: An analysis of welfare reform. Journal of Economic Issues. 34, 143-157.

Ross, C.E. & Mirowsky, J. (1995). Does employment affect health? Journal of Health and Social Behaviour. 36, 230-243.

Rubin, H.J. & Rubin, I.S. (1995). Qualitative Interviewing: The Art of Hearing Data. Thousand Oaks: Sage Publications.

Sainsbury, D. (1996). Gender, equality and welfare states. Cambridge: Cambridge University Press.

Sandmo, A. (1995). The welfare economics of the welfare state. In T.M. Andersen, K.O. Moene, A. Sandmo (Eds.). The Future of the Welfare State. Cambridge, MA: Blackwell Publishers. pp: 1-8.

Schellenberg, G. & Ross, D.P. (1997). Left Poor by the Market: A look at family poverty and earnings. Ottawa, ON: Canadian Council on Social Development.

Schwandt, T.A. (1994). Constructivist, interpretivist, approaches to human inquiry. In N.K. Denzin & Y.S. Lincoln (Eds.). Handbook of Qualitative Research. Thousand Oaks: Sage Publications. pp: 118-137.

Schwandt, T.A. (1997). Qualitative Inquiry: A Dictionary of Terms. Thousand Oaks, Sage Publications.

Scott, K. (1998). Women and the CHST: A Profile of Women Receiving Social Assistance in 1994. Ottawa, Status of Women Canada.

Seccombe, K. Battle Walters, K., & James, D. (1999). 'Welfare mothers' welcome reform, urge compassion. Family Relations. 48, 197-207.

Shragge, E. (1997). Workfare: An overview. In E. Shragge (Ed.). Workfare: Ideology of a New Under-Class. Toronto, ON: Garamond Press. pp: 17-34.

Sieppert, J.D. (1998). Directions for health promotion research and practice. In W.E. Thurston, J.D. Sieppert, & V.J. Wiebe (Eds.). Doing Health Promotion Research: The Science of Action. Calgary: Health Promotion Research group, University of Calgary. pp: 1-14.

Silverman, D. (1993). Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction. London: Sage Publications.

Slife, B.D. & Williams, R.N. (1995). What's Behind the Research: Discovering Hidden Assumptions in the Behavioral Sciences. Thousand Oaks: Sage Publications.

Spradley, J.P. (1979). The Ethnographic Interview. Fort Worth: Harcourt Brace.

Stewart, M.J. (1995). Social support, coping, and self-care: Public participation concepts. In M.J. Stewart (Ed.). Community Nursing: Promoting Canadians' Health. Toronto: W.B. Saunders. pp: 89-124.

Strauss, A. & Corbin, J. (1994). Grounded theory methodology: An overview. In N.K. Denzin & Y.S. Lincoln (Eds.). Handbook of Qualitative Research. Thousand Oaks: Sage Publications. pp: 273-285.

Strauss, A. & Corbin, J. (1998). Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. 2nd Edition. Thousand Oaks: Sage Publications.

Struthers, J. (1996). Can Workfare Work? Reflections from History. Ottawa: ON. The Calendon Institute of Social Policy.

Terris, M. (1996). Concepts of health promotion: Duality in public health theory. In Health Promotion and Anthology. Washington D.C.: Pan American Health Organization. pp: 34-40.

Thomas, J. (1993). Doing Critical Ethnography. Thousand Oaks: Sage Publications.

Titmus, R.M (1958). Essays on 'the welfare state'. London: George, Allen, & Unwin.

Torjman, S. (1996). Workfare: A Poor Law. Ottawa: ON. The Calendon Institute of Social Policy.

Turner, J. & Grieco, M. (2000). Gender and time poverty: the neglected social policy implications of gendered time, transportation, and travel. Time & Society. 9, 129-136.

United Nations. (1993, November). Concluding observations of the Committee on Economic, Social and Cultural Rights: Canada. Economic and Social Council.

Waldron, I., Weiss, C.C., & Hughes, M.E. (1998). Interacting effects of multiple roles on women's health. Journal of Health and Social Behavior. 39, 216-236.

Weatherall, R., Joshi, H., & Marcan, S. (1994). Double burden or double blessing? Employment, Motherhood and Mortality in the Longitudinal Study of England and Wales. Social Science & Medicine. 38, 285-297.

Wiebe, V.J., MacKean, G., & Thurston, W.E. (1998). Public participation in health promotion program planning: A conceptual model. In W.E. Thurston, J.D. Sieppert, & V.J. Wiebe (Eds.). Doing Health Promotion Research: The Science of Action. Calgary: Health Promotion Research group, University of Calgary. pp: 161-176.

Wilkinson, R.G. (1992). National mortality rates: The impact of inequality. American Journal of Public Health. 82, 1082-1084.

Williams, F. (1995). Race/ethnicity, gender, and class in welfare states: A framework for comparative analysis. Social Politics. 2, 127-159.

Williamson, D.L. 7 Fast, J.E. (1998). Poverty and medical treatment: When public policy compromises accessibility. Canadian Journal of Public Health. 89, 120-124.

Wolfarth, T. (1997). Socioeconomic inequality and psychopathology: Are socioeconomic status and social class interchangeable? Social Science and Medicine. 45, 399-410.

World Health Organization. (1986). Ottawa charter for health promotion. Ottawa: Health and Welfare Canada.

World Health Organization. (1997). The Jakarta Declaration on Health Promotion in the 21st Century. [Online: http://www.astdhpphe.org/jakarta.html].

## APPENDICIES


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Appendix A: Summary of SFI Program Streams

Participants are categorized in terms of their relationship to the labour market. SFI has four basic categories:

Supplements to earnings. Recipients in this category are working full-time or part time but are unable to meet their basic needs. Recipients are expected to look for ways to increase their earnings by increasing their hours of work, seeking higher paid jobs or obtaining different work. They are expected to keep their current job while trying to achieve these ends.

Employment and Training Support. Recipients are unemployed and are expected to look for employment or engage in training activities. People who refuse to participate in these activities may be disqualified from further benefits.

Transitional Support. Recipients in this stage are temporarily unable to work because of circumstances such as illness or health issues. They are not expected to seek employment while in this category but will be placed in another category when their circumstances change.

Assured Support. These recipients have been assessed as not being able to work continuously in the normal labour force. Most of these cases have mitigating factors. While any one factor in itself may not create a barrier to employment, a combination of these factors may form the basis for assured support:

Appendix A: Summary of SFI Program Streams

medical impairment

lack of formal education (grade 8 or less)

poor social skills

poor work history

age (60 and over)

history of unsuccessful interventions

other social factors such as family situation or extensive criminal record.

Alberta has a separate program for adults with severe and permanent disabilities: Assured Income for the Severely Disabled (AISH). Since 1993, the AISH caseload has risen from 15, 000 to 20, 000.

Recipients not expected to work include those who are caring for a dependent child under six months of age or a disabled family member, those who have been assessed as having unusual difficulty coping with the competing demands of family and work and those who have recently left an abusive situation and have been assessed as requiring a period of adjustment. Single recipients who are 50 or older with no dependents and who are assessed as unable or unlikely to obtain continuous employment for more that 20 hours a week are assigned to transitional support.

Taken from Gorlick, C. & Brethour, G. (1998). Welfare-to-Work Programs: A National Inventory. Ottawa, ON: Canadian Council on Social Development. p. 205.

Appendix B: SFI Policy Goals and Objectives

Goals

SFI has the following goals:

- To assist recipients achieve independence and self-sufficiency to the greatest extent possible
- To refer potential participants to alternative sources to meet their basis needs
- To determine eligibility and provide the appropriate level of financial or other benefits to meet needs

Objectives

The guiding principles of SFI are as follows:

- SFI is a program of last resort that meets the basic needs of eligible applicants and recipients. It includes assisting recipients to gain access to family support as an alternative to SFI.
- SFI is a temporary resource, acting as a bridge to assist recipients to maximize independence
- People are better off working than not working
- Where recipients are not able to become fully independent, SFI provides assured financial support based on need and eligibility

Taken from Gorlick, C. & Brethour, G. (1998). Welfare-to-Work Programs: A National Inventory. Ottawa, ON: Canadian Council on Social Development. p. 193.

Appendix C: Information Sheet

Working for Welfare: Low-income single-mothers' experiences and health

Information Sheet

Purpose:
This research project hopes to find out single-mothers' ideas about how doing work or training for welfare affects health.

Methods:
You are being asked to talk to the researcher about getting welfare, working or going to school and caring for your family. The researcher will ask you questions and you can answer in your own words. There are no right or wrong answers. This interview will last for about 1 hour. After the interview you may be asked to talk to the researcher again. The reason for this is to make sure the researcher understands what you meant. The researcher may also want to ask some questions that they only thought of after the first interview. This interview will take about 30 minutes.

Confidentiality:
The interview will be recorded on tape. The tape will be typed out by a secretary at the University. The name of the person in the interview will not be recorded on the tape or the paper. Instead a number will be given to that interview. This number, or a fake name, will be used on anything that gets written about the interview. Only three people will know the name of the person on the tape. These are the person who did the interview and the two people they work with. All of the information that has the person's name on it will be locked up.

Interviews will be done at the (recruitment agency). It is possible that people at the (recruitment agency) will know that you took part in this research study. But, they will not know what you said.

It is the law that anything you say in the interview about a child being abused has to be reported to Alberta Child and Family Services.

Benefits:
This study may not have any direct benefits for you. But, it is hoped that the experiences of single-mothers will be better understood. What is learned from these interviews will also be used in a larger research project. This large project hopes to help policy makers make good decisions about welfare.

Risks:
It is not expected that being in this study will harm you. But, you may feel bad or angry with the welfare system. The researcher will talk to you about these feelings and help you find any help you need.

Appendix C: Information Sheet

Withdrawal from the Study:
Even after you have agreed to do the interview you can decide you do not want to do the interview anymore. This can be before or in the middle of the interview. If you are asked to do a second interview you can decide that you do not want to. You can also decide after the first or second interview that you do not want what you said to be used. The researchers then cannot use what you said.

Everyone who has an interview will have their name put in a prize draw. The prizes will be food baskets, Safeway vouchers, and bus passes. The people who did not finish the interview or did not want their interview used will have their name entered too. Everyone will win one prize.

Use of your Information:
This study is being done for a Master's thesis. This study is not being paid for by the Government or the (recruitment agency). What you say in the interview will not cause you to lose any of your benefits. The researcher is a student at the University. What everyone says will be made into a report. If you want, a short version of this report will be mailed to you.

The two people the researcher works with may use some of what you say. They will use what you say to help them understand what it is like for single-mothers who work or do training for welfare. Later they are going to ask different types of people who get welfare what it is like for them to do work or training. What they find out from everyone will be given to the Government to help them make good decisions about welfare.

The (recruitment agency) also wants to use some of the information from the researcher's report. They have been asked by the Government to write a report about their PACE program. They will use part of the researcher's report as well as their own information.

None of the reports that get made will have your name in them.

Appendix D: Consent Form

Title of Research Project:

Working for Welfare: Low-income single-mothers' experiences and health.

Investigator:

Kay Cook.
Master of Science Candidate
Centre for Health Promotion Studies
University of Alberta
Phone Number: 431 2739

Consent:

Please circle your answers:

| | | |
|---|---|---|
| Do you understand that you have been asked to be in a research study? | Yes | No |
| Have you read and received a copy of the attached Information Sheet? | Yes | No |
| Do you understand the benefits and risks involved in taking part in this research study? | Yes | No |
| Have you had an opportunity to ask questions and discuss this study? | Yes | No |
| Do you understand that you can quit taking part in this study at any time? You do not have to say why and it will not affect the benefits or prizes you get. | Yes | No |
| Has confidentiality been explained to you? | Yes | No |
| Do you understand who will be able to see or hear what you said? | Yes | No |
| Do you understand that people at the (recruitment agency) may know that you participated in this study, but they will not know what you said? | Yes | No |
| Do you know what the information you say will be used for? | Yes | No |
| Do you agree to have your interview tape recorded? | Yes | No |

Appendix D: Consent Form

The person who may be contacted about the research is:

Dr. Kim Raine-Travers
Phone Number: 492 9415

This study was explained to be by: _____

I agree to take part in this study.

_____ ____/____/_____ _____
Signature of Research Participant Date (dd/mm/yyyy) Witness

_____ _____
Printed Name Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____
Signature of Investigator or Designee

Copy of the Report:
Would you like to receive a short version of the report?YesNo
If you would like a copy, please print a mailing address where this information can be sent. Your address will not be used for any other reason than to send you a copy of the report. To have your copy sent to the (recruitment agency) for you to pick up, write "(recruitment agency)" in the space where the Street Address would go.

Apt # _____ Street Address _____

Town/City _____ Province _____

Postal Code _____

Appendix E: Interview Guide

Interview Guide

Purpose:

- To elicit in-depth descriptive accounts of single-mothers' everyday experiences of participating in the Alberta Welfare-to-Work program
- To identify connections between these women's everyday experiences and broader social and fiscal policies (e.g. income security, labour market, health, education, and social services) that are integral to the recent Welfare-to-Work trend in Canada

Interview Description:

- Remind participant of the purpose of the research project
- Review consent forms
- Describe the purpose of the interview
- Explain the use of the tape recorder; remind the participant that it may be turned off at their request
- Remind re: confidentiality and anonymity
- Remind re: a need to clarify information in the future
- Enter the participant into the prize draw

Anticipated topic areas to be covered in ethnographic questioning:

*Descriptive questions* - provide description of activities

- Can you tell me about/describe the current work related or school/training program you are taking part in?

- What are the reasons that you are taking part in this program?

- What are the work conditions like? e.g. benefits, hours, pay, flexibility (if applicable)

*Structural questions* - identify different domains of the phenomenon in question

- Can you describe to me what you do each day when you go to school/work?

- In what ways has participating in this program affected your life?
- Economically?
- Child care arrangements?
- Family functioning?
- Emotionally?

- Physically?
- What changes to the work related or school/training program(s) would make it easier for you to participate?

*Contrast Questions* - explore differences between items

- These questions are contingent on the items identified by the interviewee. For example, a question for someone who has participated in more than one type of program could be: How are the difficulties you face in the work related program different from those you faced when you were in the education program?

*Probes*

Probes are used to elicit additional information to that given by the interviewee in their original response. Tactics will include:

- Repeating the question
- Repeating the answer
- Indicating understanding, interest, or problem of understanding
- Creating silences or pauses
- Using a neutral question or comment (e.g. What do you mean by _____?)
- Requesting an example or asking for clarification

*At the conclusion of the interview, thank the participant for their time, and discuss potential to follow-up if need be.*

Appendix F: Transcription Guide

| Symbol | Example | Description |
|---|---|---|
| [ | P: quite a [ while<br>I: [ yeah | Left bracket indicates the point at which a current speaker's talk is overlapped by another's talk. |
| = | P: that I'm aware=<br>I: =Would you confirm that? | Equals signs, one at the end of a line and one at the beginning, indicates no gap between the two lines. |
| (.4) | Yes (.2) yeah | Period followed by a number in parentheses indicate elapsed time in silence in tenths of a second. |
| (.) | To (.) treatment | A dot in parentheses indicates a tiny gap, probably no more then one-tenth of a second. |
| word | What's up? | Underscoring indicates some form of stress, via pitch and/or amplitude. |
| : : | O:kay | Colons indicate prolongation of the immediately prior sound. The length of the row of colons indicates the length of the prolongation. |
| WORD | I've got ENOUGH TO WORRY ABOUT | Capitals, except at the beginning of lines, indicates especially loud sounds relative to the surrounding talk. |
| .hhhh | I feel that (.2) .hh | A row of h's prefixed by a dot indicates an inbreath; without a dot, an outbreath. The length of the row of h's indicates the length of the in- or outbreath. |
| ( ) | Future risks and ( ) and life ( ) | Empty parentheses indicates the transcriber's inability to hear what was said. |

Appendix F: Transcription Guide

| | | |
|---|---|---|
| (word) | Would you see (there) anything positive | Parenthesised words are possible hearings. |
| (( )) | ((speaking softly)) | Double parenthesized words contain author's descriptions rather than transcriptions. |
| word- | Fishi- | A hyphen indicates that a word/sound is broken off. |
| . , ? | What do you think? | Indicate speaker's intonation. |
| _____ | _____ did that | An underline with no word indicates the name of a person or place removed to protect anonymity. |

Adapted from:

Silverman, D. (1993). Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction. London: Sage Publications.

Flick, U. (1998). An Introduction to Qualitative Research. London: Sage Publications.

Appendix G: Revised Interview Guide

Purpose:

- To elicit in-depth descriptive accounts of single-mothers' everyday experiences of participating in the Alberta Welfare-to-Work program
- To identify connections between these women's everyday experiences and broader social and fiscal policies (e.g. income security, labour market, health, education, and social services) that are integral to the recent Welfare-to-Work trend in Canada

Interview Description:

- Remind participant of the purpose of the research project
- Review consent forms
- Describe the purpose of the interview
- Explain the use of the tape recorder; remind the participant that it may be turned off at their request
- Remind re: confidentiality and anonymity
- Remind re: a need to clarify information in the future
- Enter the participant into the prize draw

Anticipated topic areas to be covered in ethnographic questioning:

*Descriptive questions* - provide description of activities

- Can you describe what you do in a normal day.

- Can you tell me about any programs or activities you are involved in to get your welfare benefits.

- What benefits do you get from welfare or other agencies, for example Baby Bonus?

- Tell me about how you make it through the month.

*Structural questions* - identify different domains of the phenomenon in question

- Can you describe to me what you do at school/work/program?

- In what ways has participating in this activity affected your life?
- Economically?
- Child care arrangements?
- Family functioning?
- Emotionally?
- Physically?

Appendix G: Revised Interview Guide

- Tell me about:
- The things you do and don't feel you have control over in your life
- The people and agencies you deal with (and why you deal with them)
- Going to school in the past (and at present and in the future if applicable)
- What you do when you are stressed or in a difficult situation and how you take care of yourself
- The ways you make sure your kids are taken care of

- What changes to the (Welfare-to-Work activity the interviewee is involved in) would make it easier for you to look after your family?

*Contrast Questions* - explore differences between items

- These questions are contingent on the items identified by the interviewee. For example, a question for someone who has participated in more than one type of program could be: How are the difficulties you face in the work related program different from those you faced when you were in the education program?

*Probes*

Probes are used to elicit additional information to that given by the interviewee in their original response. Tactics will include:

- Repeating the question
- Repeating the answer
- Indicating understanding, interest, or problem of understanding
- Creating silences or pauses
- Using a neutral question or comment (e.g. What do you mean by _____?)
- Requesting an example or asking for clarification

*At the conclusion of the interview, thank the participant for their time, and discuss potential to follow-up if need be.*

Appendix H: Cash and In-Kind Benefits Received by Participants

| Item | Amount | Formula for Calculation | Received |
|---|---|---|---|
| **Welfare Cheque:** | | | 2nd last work day of each month |
| **Utilities allowance** | Approximately $135 | Number of people in the house | |
| **Rent allowance** | $298 (one child)<br>$398 (two children)<br>$351 (three children) | Number of people and in the house and the cost of the rent | |
| **Food, clothing and expenses** | Amounts not discussed by the women | Actual amount is what is left over after paying the difference in bills | |
| **Child Tax Credit** | $61 (one child) - $420 (three children) | Number of dependent children | 20th of each month |
| **Food Bank** | Breads, produce, long-life foods, toileteries | Hamper size determined by the number of people on the file | Available every week but recipients can only claim once a month |
| **Child Support** | Deducted from welfare cheque | Negotiated in each case | N/A (deducted from cheque) |
| **Childcare allowance** | The parent portion of the childcare fee (government already subsidizes) | Need for childcare due to program, cost of childcare, over 50 hours of use per month | N/A (direct to daycare) |
| **Transportation allowance** | $50 for a bus pass | Participation in program requiring substantial travel | As required |
| **In-kind benefits from family and friends** | Furniture, clothes, food, transportation, childcare | Availability and need, exchanged for favours | As available |

Amounts are derived from the information yielded in the interviews.